PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PAGE 15/7

CORPORATION REINSTATEMENT DOCUMENT # POSOO 1. Corporation Name		SECRETARY OF STATE DIVISION OF CORP PATIONS 09 MAY -6 AM 9: 36
MARCEL MAILE 2. Principal Office Address - No P.O. Box # 108 SE 7 H ST Suite, Apt. #, etc.	3. Mailing Office Address SMIL Suite, Apt. #, etc.	05/06/0901039016 **600.00 500155555065 05/06/09010号をおけばを/06/*600.00 4. Date Incorporated or Qualified To Do Business in Florida 2/05/2005
City & State DET HOUSE OAK , FL	City & State	5. FEI Number Applied For Not Applicable
33301 Country 15A	Zip Country	G. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name Name MARCH MARCH Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Cit		☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 4/30/09 REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and /or Directors	Street Address of Each Officer and/or Director	
Mes MALLE MANER	1108 SE 7TH ST	For larpersare FL 33301
		B5/12/09
REINSTATEMEN 106-09		
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: ### 100-100-100-100-100-100-100-100-100-100		

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Marcel Maier CPA, P.A.

Marcel Maier
1108 SE 7th Street
Fort Lauderdale, FL 33301

April 30, 2009

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Florida Department of State Secretary of State Divisions of Corporations

To Whom It May Concern:

I recently was made aware that my corporation, Marcel Maier CPA, P.A. is reflected as inactive.

Enclosed please find an application for reinstatement of the corporation.

I unfortunately did not receive past annual notices. I researched the information you have on your website and it turns out that the address listed was the first office of the corporation. The office was moved in the fall of 2005, and unfortunately the forward mail service must have expired. The offices of the corporation are currently at my home at 1108 SE 7th Street. I also tried to reach out to the registered agent Filings, Inc. but was unable to contact them.

I have identified myself as the registered agent of the company. I was told by a friend that this is OK. I tried to contact your office on the 29th and 30th of April by phone, but was unable to get through to confirm that the name of the President and only shareholder may also be identified as the registered agent.

Since I had not received notice, I respectfully request that the reinstatement fee in the amount of \$600 is waived and have enclosed a check in the amount of \$600 for past filing fees for 2006, 2007, 2008 and 2009.

I am hopeful that you accept my request for the reinstatement fee waiver.

Sincerely,

Marcel Maier, President

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