

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 APR -7 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000134006

1. Corporation Name

Mara Exports, Inc

2. Principal Office Address - No P.O. Box #

One Alhambra Circle Condominium

3. Mailing Office Address

3785 NW 82ns Avenue

Suite, Apt #, etc

Apt # 307

Suite, Apt #, etc.

109

City & State

Coral Gables, FL

City & State

Doral, FL

Zip

33134

Country

USA

Zip

33166

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 10/19/2006

5. FEI Number
32-0185009

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Maria De Los Angeles Santiago

Street Address (P.O. Box Number is Not Acceptable)

One Alhambra Circle Condominium.

Suite, Apt. #, Etc.

307

City

Miami

State

FL

Zip Code

33134

☐ 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

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	City / State / Zip
D	Maria De Los Angeles Santiago	One Alhambra Circle Condominium	Miami, FL 33134

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04/07/09-01032-001-2708 75

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 filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/09

Date

Daytime Phone #