

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2013 DEC 31 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 90700010902 907000109092

1. Corporation Name

MAR Properties
Investment Group.

**FILING CANCELLED
RETURNED CHECK**

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

14629 SW 104 St.

Suite, Apt. #, etc.

321

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

Miami, Florida

City & State

same

Zip

33186

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-2-2007

5. FEI Number

261179131

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

Luis Cabrera

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

14629 SW 104 St.

Suite, Apt. #, Etc.

321

City

Miami

State

FL

Zip Code

33186

700255139987
12/31/13--01023--002 **1350.00

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

Luis Cabrera

Date 12-23-13

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
M	Luis Cabrera	14629 SW 104 St 321	Miami, Fl. 33186
D	Carlos Sanchez	same	same
S	Maria Cabrera	"	"
			S. HAWKES
			JAN - 2 REC'D

REINSTATEMENT

8009-13

S. HAWKES

JAN - 2 REC'D

EXAMINER

10. E-mail Address: luismammy@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

Luis Cabrera **LUIS CABRERA**

12-23-13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #