

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 JUN 12 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

DOCUMENT # P08000097397

1. Corporation Name

MULTIROSAL HOLDING, INC

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

12091 SW 26 STREET

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

Zip

33025

Country

BROWARD

Zip

Country

900230266759  
06/12/12--01017--003 \*\*1200.00

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/29/2008

5. FEI Number

☒ 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

ENRIQUE CIRINO, SR

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

1721 HARBOUR SIDE DR

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

**REINSTATEMENT 09-12**

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

REGISTERED AGENT MUST SIGN

Date 06/06/2012

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | MICHEL CINIGLIO                      | 12091 SW 26 ST                                    | MIRAMAR, FL 33025  |
| V      | SALVATORE CINIGLIO                   | 12091 SW 26 ST                                    | MIRAMAR, FL 33025  |
| D      | MARIA E. CINIGLIO                    | 12091 SW 26 ST                                    | MIRAMAR, FL 33025  |
| D      | MARIA DE DOMENICO                    | 12091 SW 26 ST                                    | MIRAMAR, FL 33025  |
|        |                                      |   |                    |
|        |                                      |   |                    |

10. E-mail Address:

(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.817.155, F.S.

SIGNATURE: SALVATORE CINIGLIO

06/06/2012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #