

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 OCT 10 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P10000101624

1. Corporation Name

A.W. MARRERO INC

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

3945 NW 7 STREET

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33126

Country

USA

3. Mailing Office Address

3945 NW 7 STREET

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33126

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 12/16/2010

5. FEI Number

27-4468015

☐ 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

ALBERTO W MARRERO

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

3945 NW 7 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

**REINSTATEMENT 2011**

800213122618  
10/10/11--01008--003 \*\*750.00

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

REGISTERED AGENT MUST SIGN

Date 10/06/2011

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	ALBERTO W MARRERO	3945 NW 7 STREET	MIAMI FLORIDA 33126

10. E-mail Address: riva@gate.net

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/06/2011 305-6423539

Date

Daytime Phone #