

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P20334

1. Corporation Name

MARA EQUITIES LTD., CORP.

Principal Place of Business

SQUARE ONE ASSOCIATES
2780 SW 37 AVENUE (205)
MIAMI FL 33133
US

Mailing Address

P.O. BOX 165539
MIAMI FL 33116-5814

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/1988

5. FEI Number

51-0310466

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DECASTRO, RAUL SANTOS WE	505 PARK AVENUE 9TH FLOOR	NEW YORK NY 10022
S	SELZER, HERBERT	505 PARK AVENUE 9TH FLOOR	NEW YORK NY 10022
DT	DE CASTRO, MARIANNA	C/O 505 PARK AVE 9TH FLOOR	NEW YORK NY 10022
AS	GROSSMAN, JEROME	2780 SW 37 AVE (205) MIAMI, FL. 33133	MIAMI, FL. 33133

400008710674

10/30/02--01117--011 **150.00

8. Name and Address of Current Registered Agent

GROSSMAN, JEROME
2780 SW 37 AVENUE
SUITE 205
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/23/02

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., 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 under section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/02 (305) 662-6772

MARA EQUITIES LTD., CORP.
C/o Square One Associates, Inc.

2780 S.W. 37TH AVENUE (SUITE 205)
MIAMI, FLORIDA 33133

Phone: (305) 662-6772

Fax: (305) 662-8774

October 23, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 33124-6327

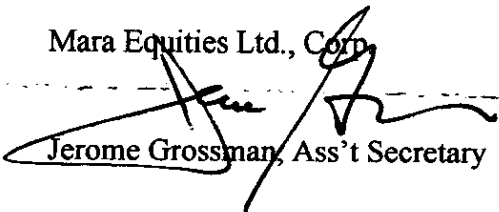
Gentlemen:

Enclosed please find the "Application for Reinstatement" and the 2002 UBR which we had previously filed in January of 2002. We call the Division in August after receiving a notice that your office had not received the UBR and were told the office was very backed-up and to wait a while and it would clear. Evidently it did not. We checked with our bank and the check still had not cleared. We are therefore placing a "Stop" on that check and are enclosing a new check for the fee.

Please advise as to "Re-Instatement" as we do not wish to be in violation.

Very truly yours,

Mara Equities Ltd., Corp.



Jerome Grossman, Ass't Secretary