

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV 18 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000015631

1. Corporation Name

MAARABA GROVES INC.

Principal Place of Business

Mailing Address

3200 North A 1 A Suite 310
Ft. PIERCE, Florida 34949

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida
MARCH 1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0391770

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| P | SIHAM A. MAARABA | 3200 North A 1 A Suite 310 | FT PIERCE, FL 34949 |
| | | | 000002353406-- 4 |
| | | | -11/20/97--01100--001 |
| | | | ***1088.75--***1088.75 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

95-97
A. Alan
11/18/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FEE, KOBLEGARD & DEROSS
401-A South Indian River Dr.
Fort Pierce, FL 34950

Name

Siham Maaraba

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

3200 North A 1 A

Suite, Apt. #, Etc.

310

FT. PIERCE

State

FL

Zip Code

34949

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.

Signature of
Registered Agent

Siham Maaraba

REGISTERED AGENT MUST SIGN

Date 11-17-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Siham Maaraba

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-97

Date

Daytime Phone #

CE25040 (12/95)