

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

JUL 16 PM 6:16

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000086682

1. Corporation Name

MAGUINA BROS, INC.

W99000010327

Principal Place of Business

Mailing Address

2175 SW 1st STREET
MIAMI, FL 33135

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

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 97-99¹⁰

4. Date Incorporated or Qualified
To Do Business in Florida

1-1-94

5. FEI Number

65-0457612

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

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director
(Do NOT Use Post Office Box Numbers)

4

City / State / Zip

D

HUMBERTO MAGUINA

750 NE 64th St. #B211

MIAMI, FL 33138

800002942868--0

-07/27/99--01023--012

***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

HUMBERTO MAGUINA

750 NE 64th St. #B211
MIAMI, FL 33138

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

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

x *[Signature]*

REGISTERED AGENT MUST SIGN

Date 7/14/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

SEE EXTENSION REQUEST
(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 taxes 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)(b), 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: x *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-99 305631-0565

Date

Daytime Phone #

CR2008 (12-99)