

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -1 AM 11:45

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

08-10

REINSTATEMENT

CR2E081 (11/09)

DOCUMENT # **P9400001270Z**

1. Corporation Name

MARSOL CORPORATION

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

2627 S. Bayshore Dr

Suite, Apt. #, etc.

#2904

City & State

MIAMI-FL

Zip

33133

Country

U.S.A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02-10-1994

5. FEI Number

592457248

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

STEVEN M. PEÑA

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

123 SE 3RD AVE #404

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

900174679539
04/06/10--01033--003 **450.00

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

SEN BOW

REGISTERED AGENT MUST SIGN

Date **03-03-2010**

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
PR	Marcial Solis	2627 S. Bayshore Dr #2904	MIAMI, FL 33133
			900174679539 04/06/10--01033--003 **450.00

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 03-10

805-7904872

Date

Daytime Phone #