

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUN 20 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000026031**

1. Corporation Name

MARVAL OF SOUTHWEST FLORIDA, INC.
1325 C DEL PRADO BLVD.
CAPE CORAL FL 33990

**2. Principal Office Address
(see below)**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Pat & Mary Valeriano

Suite, Apt. #, etc.

683 Barton Street East

City & State

Hamilton, Ontario

Zip

L8L 3A5

Country

CANADA

REINSTATEMENT

9800

**4. Date Incorporated or Qualified
To Do Business in Florida**

April 5, 1994

5. EEL Number

650769309

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

Mr. David Cary (Accountant)

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

1325 Del Prado Boulevard

Suite, Apt. #, Etc.

City

Cape Coral

State
FL

Zip Code
33990

LS

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/14/00

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
DPT	PATRICK VALERIANO	683 BARTON ST. E. HAMILTON, ONTARIO CANADA L8L 3A5	
W/S	MARY VALERIANO	683 BARTON ST. E. HAMILTON, ONTARIO CANADA L8L 3A5	HAMILTON, ONTARIO CANADA L8L 3A5
D	DAVID W. CARY	1325 C DEL PRADO BLVD. S.	CAPE CORAL FL 33990

10. 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]

DAVID W. CARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/15/00

Daytime Phone #

941-458-0771

CR2E081 (9/99)