

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
97 JAN 21 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000040924

1. Corporation Name

A. AVENTURA MAID SERVICES, INC.

Principal Place of Business

Mailing Address

18220 W. DIXIE HWY.  
N. MIAMI BCH FL 33160

18220 W. DIXIE HWY  
N. MIAMI BCH FL 33160

US - 18220 W. DIXIE HWY, US  
NMB, FL 33160

18220 W. DIXIE HWY  
NMB, FL  
33160



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.

N/A

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

USA

**REINSTATEMENT** 46  
To Do Business in Florida 05/26/1994

5. FEI Number 65-0495014 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)

1 Title(s)	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
<del>D</del>	<del>CENDAN, ELGA</del>	<del>18220 W. DIXIE</del>	<del>N. MIAMI BCH FL</del>
	MARIA MARTHA KINCON, secretary	553 N. University Dr, Plantation, Fla.	33324
	Orlando Marmol, pres.	553 N. University Dr, Plantation, Fla.	33324
			200002067582--1 01/24/97--01041--021 ****375.00 ****375.00
			UBI-22-97

8. Name and Address of Current Registered Agent

OROZCO, OSVALDO R  
1378 CORAL WAY  
4TH FLOOR  
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name Orlando Marmol  
Street Address (P.O. Box Numbers Not Acceptable) 18220 W. Dixie Highway  
Suite, Apt. #, Etc. N. Miami Beach, Fla.  
City State Zip Code FL 33160

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

*Orlando Marmol*  
REGISTERED AGENT MUST SIGN

Date

11/8/96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Orlando Marmol, pres.  
*Orlando Marmol*

Date (305) 937-1011 Daytime Phone