..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 JUL 11 AM 10: 31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000051299

1. Corporation Name MARIBA CORP.

Principal Place of Business SAME Mailing Address
2175 ST. RD. 84
FT. LAUDERDALE, FL 33312
ATTN: JOANNA PERAGINE

REINSTATEMENT 95-97 $00

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

2. New Principal Office Address, If Applicable: SAME AS ABOVE
Suite, Apt. # etc
City & State
Zip Country

3. New Mailing Office Address, If Applicable: SAME AS ABOVE
Suite, Apt. # etc
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: JULY 12, 1994

5. FE Number: 65-0517413 ☐ 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	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,V,S,T	WILLIAM P. MCCOMAS	2175 ST. RD. 84, FT. LAUDERDALE,	FL 33312
D	ALLEN PAULSON	SAME "	
D	WILLIAM P. MCCOMAS	SAME "	

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***1088.75 ***1088.75

8. Name and Address of Current Registered Agent
ROSSZ FIU CORP.
701 BRICKELL AVE., SUITE 1200
MIAMI, FL 33131

9. Name and Address of New Registered Agent
Name: JOANNA C. PERAGINE
Street Address (P.O. Box Number is Not Acceptable): 2175 ST. RD. 84
Suite, Apt. #:
City: FORT LAUDERDALE State: FL Zip Code: 33312

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: Joanna C. Peragine / JOANNA C. PERAGINE Date: 7/10/97
REGISTERED AGENT MUST SIGN

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: WILLIAM P. MCCOMAS 7/10/97 954-791-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #