

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000018812

1. Corporation Name

MARISOL'S GIFT SHOP, INC.

Principal Place of Business

7308 SW 57 AVE
MIAMI FL 33143
US

Mailing Address

7308 SW 57 AVE
MIAMI FL 33143
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1995

5. FEI Number

65-0562918

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 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	VILASUSO, ROSSINA	4995 SW 82ND ST	MIAMI FL 33143

200002737062-4
-01/11/99-01133-001
***750.00 ***750.00

8. Name and Address of Current Registered Agent

SCHILLER, LISA M
848 BRICKELL AVE
SUITE 1100
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name Rossina Vilasuso
Street Address (P.O. Box Number is Not Acceptable)
4995 S.W 82nd St.
Suite, Apt. #, Etc.
City Miami State FL Zip Code 33143

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

Rossina Vilasuso **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11/10/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Rossina Vilasuso **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/98
Date

(305) 661-3112
Daytime Phone #

FILED

98 DEC 28 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

98

CR2E00 (9/98)