

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                               |                                                                                                                                                                                        |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| APPLICATION<br>FOR <i>ap</i><br>REINSTATEMENT | <br>FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

DOCUMENT # **P95000018812**

1. Corporation Name

**MARISOL'S GIFT SHOP, INC.**

Principal Place of Business

Mailing Address

7308 SW 57 AVE  
MIAMI FL 33143  
US

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

65-0662918

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$575.00 Annual Fee and  
\$50.00 Certificate Fee

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|-------------------------------------------|--------------------------------------------------------|-------------------------|
| D             | VILASUSO, ROSSINA                         | 4995 SW 82ND ST                                        | MIAMI FL 33143          |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |

200003063052--7  
-12/07/99--01049--016  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VILASUSO, ROSSINA  
4995 S.W. 82ND ST  
MIAMI FL 33143

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of  
Registered Agent

*Rossina Vilasuso* **REQUIRED**

Date 10/11/99

REGISTERED AGENT MUST SIGN

11. 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* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/99 (305)661-3112  
Date Daytime Phone #