

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 NOV 15 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-95000020961

1. Corporation Name

MAFAR U.S.A. CORP.

Principal Place of Business

Mailing Address

11500 n w so.river dr.
#3
MEDLEY, FL 33178

11500 nw so.river dr
#3
MEDLEY, FL 33178

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

2. New Principal Office Address, If Applicable

11500 n w so.river dr
Suite, Apt. #, etc. #3

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

MEDLEY, FL

Zip 33178

Country

usa

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/1995

5. FEI Number

65-0585664

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Addition of 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
DP	MARIA E FIGUEROA	2759 s w 34 ave	MIAMI, FL 33133
			500003053365-2
			-11/23/99--01089--007
			****988.00 ****300.00

REINSTATEMENT

98-99

8. Name and Address of Current Registered Agent

GUIDO GUERRA

9949 n w 89 ave bays17 and 18
MEDLEY, FL 33178

9. Name and Address of New Registered Agent

Name

MARIA E FIGUEROA

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

2759 s w 34 ave

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

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

Maria E Figueroa

REGISTERED AGENT MUST SIGN

Date 10/21/99

11. This corporation owes 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:

Maria E Guerra

MARIA ELENA FIGUEROA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-1999

Date

(305) 461-3825

Daytime Phone #