

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 -6 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000045989**

1. Corporation Name

MAHU, CORPORATION

Principal Place of Business

7904 WEST DRIVE
N BAY VILLAGE FL 33141

Mailing Address

7904 WEST DRIVE
N BAY VILLAGE FL 33141

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

2. New Principal Office Address, if Applicable

7904 West Drive
Unit 8

3. New Mailing Office Address, if Applicable

7904 West Drive
Unit 8

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

FL.

County

33141

Zip

FL.

County

33141

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/1995

5. FEI Number

65-0587346

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PSD	Landivar, Hugo R.	7904 West Drive Unit 8	North Bay Village, FL 33141
			700002051977--6 -01/03/97--01021--009 ***375.00 ***375.00

8. Name and Address of Current Registered Agent

LANDIVAR, HUGO R
7904 WEST DRIVE
NORTH BAY VILLAGE FL 33141

9. Name and Address of New Registered Agent

Name **LANDIVAR, HUGO R.**
Street Address (P.O. Box Number is Not Acceptable)
7904 West Drive Unit 8
Suite, Apt. #, Etc.
City **North Bay Village** State **FL** Zip Code **33141**

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

REGISTERED AGENT MUST SIGN

Date

11/16/96

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)(f), 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

Date

Daytime Phone #