

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 23 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000082899

1. Corporation Name

Maurello Corporation

2. Principal Office Address

1700 NW 119 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

1700 NW 119 TERR

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33026

Country

U.S.

City & State

Pembroke Pines, FL

Zip

33026

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

05-0029120

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Humberto Maurello

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

1700 NW 119 TERR

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33026

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-17-06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Humberto Maurello	1700 NW 119 TERR	P. Pines, FL 33026
V	Blanca Rodriguez	"	"
S	Jennifer Maurello	"	"
		"	"
		"	"
		"	"
		"	"

700081119357
10/23/06--01047--001 **300.00

10. 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 contained in Chapter 119, 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

Humberto Maurello 10-07-85 447-7803

Date

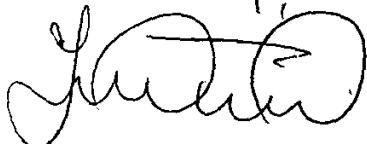
Daytime Phone #

10-17-06

TO WHOM IT MAY CONCERN:

I am Filing this Reinstatement FORM and
paying a Fee of 150.00 FOR 2005 & 2006
Because I never received a notice of
Dissolution or Revocation. Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Humberto'.

Humberto Maurello
Maurello Corp. P.