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

05-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
1700 NW 119 TERR	1700 NW 119 TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33026 Country: U.S.	Zip: 33026 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0029120 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 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 _____ Date 10-17-06
REGISTERED AGENT MUST SIGN

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	"	"
		"	"
	$10/26		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.

(954)

SIGNATURE: Humberto Maurello 10-07-85 447-7803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 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 recieved a notice of Dissolution or Revocation. Thank you.

Sincerely,

Humberto Maurello
Maurello CORP. P.