PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
15 NOV 10 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000093798

1. Corporation Name

MARAMERICA, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10101 Collins Ave.	10101 Collins Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Unit 20-E	Unit 20-E
City & State	City & State
Bal Harbour, FL	Bal Harbour, FL
Zip / Country	Zip / Country
33154 / USA	33154 / USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
12/11/1995

5. FEI Number
NONE — Applied For [ ] Not Applicable [X]

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CAPITOL CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
155 OFFICE PLAZA DR

Suite, Apt. #, Etc.
STE A

City / State / Zip Code
TALLAHASSEE / FL / 32301

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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: Krista Ali — Krista Ali, Assistant Secretary on behalf of Capitol Corporate Services, Inc.
REGISTERED AGENT MUST SIGN

Date 11/09/2015

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
PD	Carmelo Carnabuci	10101 Collins Ave. Unit 20-E	Bal Harbour, FL 33154
VD	Maria A. De Moschella	10101 Collins Ave. Unit 20-E	Bal Harbour, FL 33154
SD	Carmen Y De Pinto	10101 Collins Ave. Unit 20-E	Bal Harbour, FL 33154
SD	Edith M. Gonzalez	10101 Collins Ave. Unit 20-E	Bal Harbour, FL 33154
TD	Antonio J. Gonzalez	10101 Collins Ave. Unit 20-E	Bal Harbour, FL 33154
TD	Elizabeth C. Gonzalez	10101 Collins Ave. Unit 20-E	Bal Harbour, FL 33154

10. E-mail Address: edithmoschella@gmail.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. To the best of my knowledge, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Carmelo Carnabuci — 281-370-3087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RE 11/10/15