

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 23 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000045334

1. Corporation Name

M. VANINI INVESTMENTS, INC.

2. Principal Office Address - No P.O. Box #

891 HARBOR DRIVE

Suite, Apt. #, etc.

City & State

KEY BISCAVNE, FLORIDA

Zip

33149

Country

US

3. Mailing Office Address

3191 CORAL WAY

Suite, Apt. #, etc.

SUITE 403

City & State

MIAMI, FL

Zip

33145

Country

US

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/1996

5. FEI Number

621655641

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

REALTY TECHNOLOGY, LLC

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

3191 CORAL WAY

Suite, Apt. #, Etc.

SUITE 403

City

MIAMI

State

FL

Zip Code

33145

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Genaro D Parker

Date 10/19/2009

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
D	PARKER, GENARO D	891 HARBOR DR	MIAMI, FL 33149
D	VANINI, MARCELA	891 HARBOR DR	MIAMI, FL 33149
D	CASTRO, FEDERICO	891 HARBOR DR	MIAMI, FL 33149

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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:

Genaro D Parker

PARKER, GENARO D

10/19/2009

305-442-9771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #