

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
98 NOV 30 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000057045

1. Corporation Name

MARA GROUP, INC.

W98-25610

Principal Place of Business 1261 N.W. 23rd Street c/o ELIO LIVI MIAMI, FL 33142	Mailing Address 1261 N.W. 23rd Street c/o ELIO LIVI MIAMI, FL 33142
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	07/08/96
5. FEI Number	65-0689745
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P D	LIVI, ELIO	Pembroke 1512 Clubsite; Falls	Pembroke Pine, Fl-33028

REINSTATEMENT

97-98
12-2-98

8. Name and Address of Current Registered Agent

LIVI, ELIO
1261 N.W. 23rd Street
Miami, Florida 33142

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	500002702195--0
Suite, Apt. #, Etc.	-12/03/98-01090--005
City	****300 00 ****300 00
State	FL
Zip Code	

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

Elio L.

REGISTERED AGENT MUST SIGN

Date October 23, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

Elio L.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 23, 1998

Date

Daytime Phone #

CR2040 (1998)