

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 MAY 24 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

99-07

CR2E081 (1/07)

DOCUMENT #

1. Corporation Name

MARVAL USA, INC.
P96000065465

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

133 Connecticut Avenue

Suite, Apt. #, etc.

City & State

Norwalk, CT

Zip

06854

Country

USA

3. Mailing Office Address

9 Berkeley Street

Suite, Apt. #, etc.

City & State

Norwalk, CT

Zip

06850

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/05/1996

5. FEI Number

06-1471711

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

Olga Kapoor

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

743 S.E. 10th Avenue

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33441

☒ 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

Olga Kapoor

REGISTERED AGENT MUST SIGN

Date

5/11/07

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/D	Mario Ocano	133 Connecticut Avenue	Norwalk, CT 06850
S/D	Nilba Ocano	133 Connecticut Avenue	Norwalk, CT 06850
			800103218518 05/24/07--01058--001 **1350.00
			800103218518 05/24/07--01058--002 **8.75

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

Mario Ocano

Date

5/22/07

Daytime Phone #

203-852-9895

6/5 aw