

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -8 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000022879

1. Corporation Name

MARIA DISTRIBUTING, INC.

Principal Place of Business

1820 SAN JUAN DRIVE B.
DELRAY BEACH FL 33445

Mailing Address

1820 SAN JUAN DRIVE B.
DELRAY BEACH FL 33445



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/1997

5. FEI Number

65-0741665

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FARAH, MARIA	1820 SAN JUAN DRIVE B.	DELRAY BEACH FL 33445
			300003046283--9 11/16/99-01092-006 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

FARAH, MARIA
1820 SAN JUAN DRIVE B.
DELRAY BEACH FL 33445

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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

Maria Farah

REGISTERED AGENT MUST SIGN

Date

11. 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)(i), 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.

KE

SIGNATURE:

Maria Farah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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MARIA DISTRIBUTING, INC
1820 SAN JUAN DRIVE B
DELRAY BEACH, FL 33445-6702

FLORIDA DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS

NOVEMBER 2, 1999

Sirs,

I spoke with one of your representatives this morning. His name is Tyrone. He had told me to ask you to please waive the late fees for re-registering for corporation papers. We never received any notice of renewal on this.

My Document Number is : P97000022879

Enclosed is a check for \$ 150.00 for new corporation papers. The amount was told to me by Tyrone.

Sincerely,

Maria Farah

Maria Farah