

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

PKal3

DOCUMENT # P97000025860

1. Corporation Name

M.A.O. CONSULTANTS CORPORATION

01 JAN 12 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5641 NORTHWEST 100 COURT
MIAMI FL 33178

5641 NORTHWEST 100 COURT
MIAMI FL 33178



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

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0746107

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DE URIA, MARIA A	5641 NW 100TH COURT	MIAMI FL 33178
S	RINCON, MARY I	5641 NW 100TH COURT	MIAMI FL 33178

300003575913-0
-01/26/01--01026--002
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ESPINOSA, MARIANELA
5641 NORTHWEST 100 COURT
MIAMI FL 33178

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

[Signature]

Date

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/00

Daytime Phone #

CR2E040 (8/00)

TRAVERIA GONZALEZ, P.A.
Certified Public Accountant

Kendar Building
1550 Madruga Avenue, Suite 100
Coral Gables, Florida 33146

Telephone (305) 668-2214
Facsimile (305) 668-2215

PG 2 of 3

November 15, 2000

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

RE: M.A.O. Consultants Corporation
EIN: 65-0746107
Doc#: P97000025860

Dear Sir or Madam:

The purpose of this letter is in response to the receipt of Certificate of Administrative Dissolution by above named taxpayer (copy enclosed). Please be advised that the above named taxpayer sent check 1057 for \$150.00 in payment of Corporation Annual Report and report on a timely basis on April 30, 2000 (copy enclosed).

Subsequently, Ms. Mary Rincon, Secretary of above named entity, called the Department of State to inquire as to the fact that the check had not been cashed. She was informed that there was a back log at the department and there was no way to verify receipt of the report and check. Therefore, the taxpayer in good faith continued to inquire with her bank and on September 14, 2000 was able to confirm the check had been cashed. Consequently, the taxpayer received the above named certificate of dissolution. The taxpayer respectfully requests that late fees be abated.

I appreciate your prompt attention to this matter. Please call me if you have any questions or need additional information.

Very truly yours,

TRAVERIA GONZALEZ, P.A.



By
Caridad T. Gonzalez, CPA

Enclosures

TRAVERIA GONZALEZ, P.A.
Certified Public Accountant

B-3 of 3

Kendar Building
1550 Madruga Avenue, Suite 100
Coral Gables, Florida 33146

Telephone (305) 668-2214
Facsimile (305) 668-2215

January 2, 2001

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

RE: M.A.O. Consultants Corporation
EIN: 65-0746107
Doc#: P97000025860

Dear Sir or Madam:

As per your instructions, I am enclosing an Application for Reinstatement for the above named entity. Please note that correspondence (copy enclosed) was sent on November 15, 2000 addressing the receipt of Certificate of Administrative Dissolution. Also, enclosed is check 1151 for \$150.00 in payment of the 2001 Corporate Annual fee.

I appreciate your prompt attention to this matter. Please call me if you have any questions or need additional information.

Very truly yours,

TRAVERIA GONZALEZ, P.A.



By

Caridad T. Gonzalez, CPA

Enclosure