

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
99-02 UBR
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 19 PM 4:00

DOCUMENT # **P97000027346**

1. Corporation Name

MARIANA'S ALTERATIONS, INC.

Principal Place of Business

Mailing Address

1025 E. HALLANDALE BEACH BLVD. #16
HALLANDALE FL 33009

1025 E. HALLANDALE BEACH BLVD. #16
HALLANDALE FL 33009

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

04/01/1997

5. FEI Number

65-0138101

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
PD	GHIZDAVU, MARIANA	1430 SHERIDAN ST. #G-9	HOLLYWOOD FL 33020
VD	TOL, DANIELLA	401 GOLDEN ISLAND DR. #910	HALLANDALE FL 33009

100005192791--0
-04/04/02--01064--012
****600.00 ****600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GHIZDAVU, MARIANA
1430 SHERIDAN STREET #G-9
HOLLYWOOD FL 33020

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

Mariana Ghizdavu
REGISTERED AGENT MUST SIGN

Date **03-12-02**

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:

Daniella Tol
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-12-02 (954) 454-3384
Date Daytime Phone #

AD

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TO: DIVISIONS OF CORPORATIONS
FROM: MARIANA'S ALTERATIONS INC.

MARCH-12-2002

PLEASE, REINSTATE MY CORPORATION.
I NEVER KNEW THAT I HAD TO FILE
AN ANNUAL REPORT AND PAY \$150 FEE
EVERY YEAR. I FOUND OUT ABOUT THIS
TODAY FROM MY CURRENT ACCOUNTANT.
I DON'T REMEMBER EVER SEEING A
NOTICE FROM YOUR OFFICE ABOUT THIS.
I CALLED 1-850-245-6059 AND THE
LADY I SPOKE WITH TOLD ME TO SEND
\$150 EA. FOR 1999-2000-2001-2002.
SO, I AM ENCLOSING \$600 - TOTAL.

THANK YOU SO MUCH, FOR ALL YOUR HELP.

Mariana Ghizelen