

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV -2 PM 12:47

DOCUMENT # P97000035235

1. Corporation Name

MARQUI ENTERPRISES, INC.

Principal Place of Business

Mailing Address

16801 N 36TH ST
TEMPLE TERRACE FL 33617
US

16801 N 36TH ST
TEMPLE TERRACE FL 33617
US



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

2206 CATTLEMEN DRIVE

3. New Mailing Office Address, If Applicable

1971 W. LUMSDEN RD

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 333

5. FEI Number

59-3441794

Applied For

Not Applicable

City & State

BRANDON, FL 33511

City & State

BRANDON, FL

Zip

33511

Country

Zip

33511

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ARRANDONO, MARQUITA	2206 CATTLEMEN DR	BRANDON FL 33511
			3000004700793--2
			-11730701--01070--001
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

MARQUITA, ARRANDONO B
2206 CATTLEMEN DR
BRANDON FL 33511-2102

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

Marquita Arrandono
REGISTERED AGENT MUST SIGN

Date 10-31-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-01 813-662-5346

Date

Daytime Phone #

CR2E040 (8/01)