

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 14 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **Pa7000035708**

1. Corporation Name
MAR Technology, Inc.

2. Principal Office Address
10240 Miller Drive

3. Mailing Office Address
10240 Miller Drive

Suite, Apt. #, etc.
Suite 108

Suite, Apt. #, etc.
Suite 108

City & State
Miami, FL

City & State
Miami, FL

Zip
33165

Country
US

Zip
33165

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida 04/21/1997

5. FEI Number
65-0748578

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
Michael A Rojas

Street Address (P.O. Box Number is Not Acceptable)
10240 Miller Drive

Suite, Apt. #, Etc.
Suite 108

City
Miami

State
FL

Zip Code
33165

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

REGISTERED AGENT MUST SIGN

Date 1/15/05

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
PD	Michael A Rojas	10240 Miller Drive # 108	Miami, FL 33165

REINSTATEMENT 99-05

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 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

Michael A. Rojas

1/15/05

Date

305-323-5805

Daytime Phone #

CR2ED01 (01/05)