

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 20 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# P97000047846

1. Corporation Name

MAKRO AMERICA

700005254887--5

-04/11/02--01071--012

***1200.00 ***1200.00

2. Principal Office Address

7820 SW 196 Terr

3. Mailing Office Address

P.O. Box 771046

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

Zip

33189

Country

USA

Zip

33177

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/30/97

5. FEI Number

65-0767259

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

CEJAR CUNEO

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

7820 SW 196 Terrace

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33189

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

Date Feb 11, 2002

REGISTERED AGENT MUST SIGN

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
P.	CEJAR CUNEO	7820 SW 196 Terr MIAMI FL 33189	MIAMI, FL, 33189

REINSTATEMENT 99-02178

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.

305 9718032

SIGNATURE:

CEJAR CUNEO

Feb 11, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)