

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 23 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000067192

1. Corporation Name

MARABELLA WEST DEVELOPMENT CORP.

2. Principal Office Address

1320 South Dixie Highway

Suite, Apt. #, etc.

Suite 870

City & State

Coral Gables, FL

Zip

33146

Country

USA

3. Mailing Office Address

same as #2

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

SP

4. Date Incorporated or Qualified
To Do Business in Florida

8/4/97

5. FEI Number

see app. attached

☒ 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

MARK W. KAY, ESQUIRE

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

1320 South Dixie Highway

Suite, Apt. #, Etc.

Suite 870

City

Coral Gables

State

FL

Zip Code

33146

100004212411-4

-05/11/01--01108--007

***1058.75 ***1058.75

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

Mark W. Kay

Date 4/12/01

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/D

Cesar Del Rey

1395 SE 8th Court

Hialeah, FL 33010

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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Cesar Del Rey

Cesar Del Rey, President

4/12/01 305-883-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

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Form **SS-4**
(Rev. February 1998)

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

Department of the Treasury
Internal Revenue Service

► Keep a copy for your records.

EIN **Applied**
OMB No. 1545-0047
FOR

1 Name of applicant (legal name) (see instructions) MARABELLA WEST DEVELOPMENT CORP.																					
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name CESAR DEL REY																			
4a Mailing address (street address) (room, apt., or suite no.) 780 N.W. LE JEUNE RD. STE 516		5a Business address (if different from address on lines 4a and 4b) SAME																			
4b City, state, and ZIP code MIAMI, FL 33126		5b City, state, and ZIP code																			
6 County and state where principal business is located DADE COUNTY FLORIDA																					
7 Name of principal officer, general partner, grantor, owner, or trustee (SSN or TIN may be required) (see instructions) ► PRESIDENT CESAR DEL REY/SS NO. 241-97-4582																					
8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a. <table border="0"><tr><td><input type="checkbox"/> Sole proprietor (SSN)</td><td><input type="checkbox"/> Personal service corp.</td><td><input type="checkbox"/> Estate (SSN of decedent)</td></tr><tr><td><input type="checkbox"/> REMIC</td><td><input type="checkbox"/> National Guard</td><td><input type="checkbox"/> Plan administrator (SSN)</td></tr><tr><td><input type="checkbox"/> State/local government</td><td><input type="checkbox"/> Farmers' cooperative</td><td><input type="checkbox"/> Other corporation (specify) ►</td></tr><tr><td><input type="checkbox"/> Church or church-controlled organization</td><td></td><td><input type="checkbox"/> Trust</td></tr><tr><td><input type="checkbox"/> Other nonprofit organization (specify) ►</td><td></td><td><input type="checkbox"/> Federal government/military</td></tr><tr><td><input checked="" type="checkbox"/> Other (specify) ► C Corp</td><td></td><td>(enter GEN if applicable)</td></tr></table>				<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> REMIC	<input type="checkbox"/> National Guard	<input type="checkbox"/> Plan administrator (SSN)	<input type="checkbox"/> State/local government	<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Other corporation (specify) ►	<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Trust	<input type="checkbox"/> Other nonprofit organization (specify) ►		<input type="checkbox"/> Federal government/military	<input checked="" type="checkbox"/> Other (specify) ► C Corp		(enter GEN if applicable)
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<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Trust																			
<input type="checkbox"/> Other nonprofit organization (specify) ►		<input type="checkbox"/> Federal government/military																			
<input checked="" type="checkbox"/> Other (specify) ► C Corp		(enter GEN if applicable)																			
8b If a corporation, name the state or foreign country (if applicable) where incorporated FLORIDA		Foreign country																			
9 Reason for applying (Check only one box.) (see instructions) <input checked="" type="checkbox"/> Started new business (specify type) ► C Corp <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Created a pension plan (specify type) ►		<input type="checkbox"/> Banking purpose (specify purpose) ► <input type="checkbox"/> Changed type of organization (specify new type) ► <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ► <input type="checkbox"/> Other (specify) ►																			
10 Date business started or acquired (month, day, year) (see instructions) APRIL 15 2001		11 Closing month of accounting year (see instructions) DECEMBER 31																			
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)																					
13 Highest number of employees expected in the next 12 months Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)		Nonagricultural 0	Agricultural 0																		
14 Principal activity (see instructions) ► LAND HOLDING																					
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ►																					
16 To whom are most of the products or services sold? Please check one box. <input type="checkbox"/> Public (retail) <input checked="" type="checkbox"/> Other (specify) ► LAND HOLDING <input type="checkbox"/> Business (wholesale)																					
17a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.																					
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ►																					
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN		Business telephone number (include area code) 305 443-7122 Fax telephone number (include area code) 305 443-9522																			
Under penalties or perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (Please type or print clearly.) ► CESAR DEL REY/PRESIDENT																					
Signature ► X		Date ► 4/19/01																			
Note: Do not write below this line. For official use only.																					
Please leave blank ►	Occ.	Ind.	Class																		
Size		Reason for applying																			

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1. If you are a representative listed on line 2, unless you check one or more of the boxes below:
- a. If you want the first representative listed on line 2 to receive the original, and yourself a copy, of such notices or communications, check this box
 - b. If you also want the second representative listed to receive a copy of such notices and communications, check this box
 - c. If you do not want any notices or communications sent to your representative, check this box
8. Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here
- YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**
9. Signature of taxpayer(s). If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.
- IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.


X	4/12/01	PRESIDENT
Signature	Date	Title (if applicable)
CESAR DEL REY		
Print Name		
Signature	Date	Title (if applicable)
Print Name		

Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a. Attorney-a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b. Certified Public Accountant-duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c. Enrolled Agent-enrolled as an agent under requirements of Treasury Department Circular No. 230.
 - d. Officer-a bona fide officer of the taxpayer's organization.
 - e. Full-Time Employee-a full-time employee of the taxpayer.
 - f. Family Member-a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
 - g. Enrolled Actuary-enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230).
 - h. Unenrolled Return Preparer-an unenrolled return preparer under section 10.7(c)(viii) of Treasury Department Circular No. 230.

IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.

Designation-Insert above letter (a-h)	Jurisdiction (state) or Enrollment Card No.	Signature	Date
B	FLORIDA		4-12-01

Power of Attorney and Declaration of Representative

▶ See the separate instructions.

OMB No. 1545-0150

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date ____/____/____

Part I Power of Attorney (Please type or print.)

1 Taxpayer information (Taxpayer(s) must sign and date this form on page 2, line 9.)

Taxpayer name(s) and address

MARABELLA WEST DEVELOPMENT CORP.
780 N.W. LE JEUNE RD., STE 516
MIAMI, FL 33126

Social security number(s)

Employer identification
number

Daytime telephone number
305-443-7122

Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) (Representative(s) must sign and date this form on page 2, Part II.)

Name and address

AURELIO A. PIEDRA, CPA
780 N.W. Le Jeune Road Suite 516
MIAMI, FLORIDA 33126

CAF No. 6505-26445R

Telephone No. (305) 443-7122

Fax No. (305) 443-9522

Check if new: Address ☐ Telephone No. ☐

Name and address

CAF No. _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐ Telephone No. ☐

Name and address

CAF No. _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐ Telephone No. ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax matters

Type of Tax (Income, Employment, Excise, etc.)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s)
APPLIED FOR	SS-4	2001

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. (See instruction for Line 4-Specific uses not recorded on CAF.) ☐

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative unless specifically added below, or the power to sign certain returns (see instruction for Line 5-Acts authorized).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney:

Note: In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub. 170, for more information.

Note: The tax matters partner of a partnership is not permitted to authorize representatives to perform certain acts. See the instructions for more information.

6 Receipt of refund checks. If you want to authorize a representative named in line 2 to receive, BUT NOT TO ENDORSE

OR CASH, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ▶

For Paperwork Reduction and Privacy Act Notice, see the separate instructions.

Form 2848 (Rev. 12-97)