

APPROVAL
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 NOV 26 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P970000 P 7704**

1. Corporation Name

M.U.P. GROUP INC.

2. Principal Office Address - No P.O. Box #

11921 W. RIDGEVIEW DR. P.O. BOX 260610

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DAVIE, FL.

City & State

REMBROKE PINES FL.

Zip

33330

Country

BROWARD

Zip

33026

Country

BROWARD

REINSTATEMENT 06-07

4. Date Incorporated or Qualified
To Do Business in Florida

OCTOBER 10, 1997

5. FEI Number

65-0800434

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

ARTURO MARRERO

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

11921 W. RIDGEVIEW DR.

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33330

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 **10-30-07**

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
PSD	MARRERO, ARTURO	11921 W. RIDGEVIEW DR.	DAVIE FL 33330
D	GARCIA, VENANCIO	260 PAYNE DRIVE	MIAMI SPRING FL 33166
SD	GARCIA, PABLO R.	1 NORTH DRIVE	KEY LARGO FL 33037

000112011000
11/05/07--01050--021 **\$900.00

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 contained in Chapter 119, 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

ARTURO MARRERO

Date

10-30-07

Daytime Phone #

954-915-0288