PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 APR 28 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000007728

1. Corporation Name
MARGAND, INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
601 BRICKELL KEY DR.	199 OCEAN LANE DRIVE
Suite, Apt. #, etc.: SUITE 702	Suite, Apt. #, etc.: COMMODORE CLAN B Apt # 1004
City & State: MIAMI, FLORIDA	City & State: SOUTH KEY BISCAYNE FLORIDA
Zip: 33131 Country: U.S.A	Zip: 33149 Country: U.S.A

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ✓ Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED $9.76 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: GERARDO A. VAZQUEZ
Street Address (P.O. Box Number is Not Acceptable): 601 BRICKELL KEY DRIVE
Suite, Apt. #, Etc.: SUITE 702
City: MIAMI State: FL Zip Code: 33131

E. Mail Address
100259544611
04/28/14--01005--020 **3008.75
NB@GVAZQUEZ.COM

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 4/24/14
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
MGRM	RAFAEL RAMIRO, ARIZA ANDRADE	199 OCEAN LANE DRIVE COMMODORE CLAN B APT # 1004	SOUTH KEY BISCAYNE FLORIDA 33149

REINSTATEMENT 04-2014

APR 28 2014
L. SELLERS

10. E-mail Address: NB@GVAZQUEZ.COM
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: (X) _____ 4/24/14 (305) 371 8064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #