

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 OCT 31 AM 11:29

DOCUMENT # P98000022951

1. Corporation Name

MARE INVESTMENTS, INC.

900137619209  
11/04/08--01026--008 \*\*1500.00

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

141 NE 3RD AVE

3. Mailing Office Address

141 NE 3RD AVE

Suite, Apt. #, etc.

SUITE: 406

Suite, Apt. #, etc.

SUITE: 406

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33132

Country

USA

Zip

33132

Country

USA

CR2E081 (10/08)

4. Date Incorporated or Qualified  
To Do Business in Florida 03/11/1998

5. FEI Number

☒ 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

WILLIAM H ALBORNOZ ESQ.

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

901 PONCE DE LEON BLVD., SUITE #601

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

☒ 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

*William H Albornoz*  
REGISTERED AGENT MUST SIGN

Date 10/27/2008

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
D	RENATO F. ELIA MORSIANI	2951 SOUTH BAY SHORE DR	MIAMI FL 33133
VP	ANA M. AMORER	2951 SOUTH BAY SHORE DR	MIAMI FL 33133

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:

*Ana Amor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/2008

Date

Daytime Phone #