

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 25 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000064887

1. Corporation Name

MARCHELLI CORPORATION

Principal Place of Business

5530 WEST 12TH AVENUE
HIALEAH FL 33012

Mailing Address

5530 WEST 12TH AVENUE
HIALEAH FL 33012

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/1998

5. FEI Number

65-0879203

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	NARAYANAN, MARIA Y	5530 WEST 12TH AVENUE	HIALEAH FL 33012
VSD	JESSOP, DEEPA N. R	5530 WEST 12TH AVENUE	HIALEAH FL 33012
TD	NARAYANAN, DOREEN R	5530 WEST 12TH AVENUE	HIALEAH FL 33012

900008600089

10/25/02--01108--022 **150.00

10/30

8. Name and Address of Current Registered Agent

CHANG, FELIX B
5530 WEST 12TH AVENUE
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name

NARAYANAN, MARIA Y

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

5530 WEST 12TH AVENUE

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33012

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-22-2002

11. 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-22-2002

Daytime Phone #

305-826-3620

CR2E040 (8/02)

22 Oct 2002

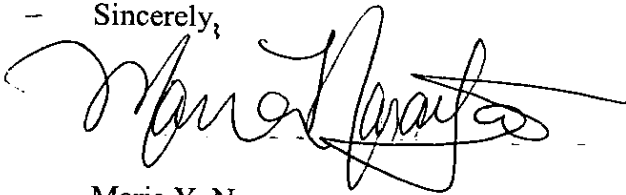
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Request for Waiver of Reinstatement Fee

To Whom It May Concern,

I would like to request a waiver for Marchelli Corporation from paying the Reinstatement Penalty Fee due to my not receiving either the first or second notice for filing a corporation annual report/uniform business report for the year 2002 by the May 1st deadline. Enclosed is the Application for reinstatement and the appropriate fee of \$150.00 to return the Marchelli Corporation to an active status.

Sincerely,



Maria Y. Narayanan
President