

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 16 PM 2:46

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000088075**

1. Corporation Name

Baroli Corporation

2. Principal Office Address

8438 NW 70th St

Suite, Apt. #, etc.

3. Mailing Office Address

8438 NW 70th St

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33166

Country

USA

Zip

33166

Country

USA

REINSTATEMENT 99-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

33-1138130

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

Rafael D. Marte

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

14317 SW 135th Ave

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33186

700076209937
06/15/06 01007 013 **1000.00

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

x [Signature]

REGISTERED AGENT MUST SIGN

Date **5/10/06**

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
PO	Rafael D. Marte	14317 SW 135th Ave	MIAMI FL 33186

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: **x [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/10/06

Daytime Phone #