

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

99 NOV 30 AM 11:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

100003065981--6
 -12/10/99--01004--010
 ***150.00 ***150.00

DOCUMENT # **P98000102979**
 1. Corporation Name
MARUKA'S INCORPORATED

Principal Place of Business Mailing Address
6907 WEST FLAGLER STREET MIAMI, FL 33144
819660NW 84th CT MIAMI, FL 33015

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

2. New Principal Office Address, If Applicable N/A	3. New Mailing Office Address, If Applicable N/A	4. Date Incorporated or Qualified To Do Business in Florida 12-10-98
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0882338
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	MARIA LITANO	19660 NW 84 COURT MIAMI, FL 33015	MIAMI, FL 33015
VD	MARIO E. LITANO	19660 NW 84 COURT	MIAMI, FL 33015

8. Name and Address of Current Registered Agent MARIA LITANO 6907 WEST FLAGLER STREET MIAMI, FL 33144	9. Name and Address of New Registered Agent Name: N/A Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: City: State: FL Zip Code:
---	--

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.
 Signature of Registered Agent: **Maria Litano** Date: **11-24-99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: **Maria Litano** MARIA LITANO Date: **11-24-99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E061 (12/98)