

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
H. Mark 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

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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

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

Mario E. Litano

REGISTERED AGENT MUST SIGN

Date 11-24-99

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

11-24-99

Date

Daytime Phone #

CR2001 (12/98)