

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherin Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY -4 PM 6:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000105253**

**1. Corporation Name**

**MARRERO INVESTMENTS**

**2. Principal Office Address**

**4519 FOREST LANE**

Suite, Apt. #, etc.

City & State

**LAKE WORTH, FL**

Zip

**33462**

Country

**USA**

**3. Mailing Office Address:**

**4180 GUN CLUB ROAD**

Suite, Apt. #, etc.

City & State

**WEST PALM BCH, FL**

Zip

**33406**

Country

**USA**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**12/18/98**

**5. FEI Number**

**65-0850025**

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

**PATRICIA A. MARRERO**

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

**4180 GUN CLUB ROAD**

Suite, Apt. #, Etc.

**WEST PALM BCH, FL 33406**

State

**FL**

Zip Code

**33406**

**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

**[Signature]**

REGISTERED AGENT MUST SIGN

Date

**4/27/01**

**9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
STR.	CASIMIRO MARRERO	4519 FOREST LANE	LAKEWORTH, FL 33462
Pres	KATHLEEN MARRERO	4519 FOREST LANE	LAKEWORTH, FL 33462
V.Pres	PATRICIA MARRERO	4180 GUN CLUB ROAD	WEST PALM BEACH, FLORIDA 33406
Sec.	DEBRA MARRERO	4519 FOREST LANE	LAKEWORTH FLORIDA 33462

**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 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

**4-13-01**

Date

**561-471-8108**

Daytime Phone #