

NOV-09-01 FRI 11:46 AM

LAZARUS CORPORATION

FAX: 3052201440

PAGE 1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 99000028816			
1. Corporation Name MARCO AURELIO, INC.			
2. Principal Office Address 3346 NE 168th Street Suite, Apt. #, etc.		3. Mailing Office Address 3346 NE 168th Street Suite, Apt. #, etc.	
City & State NORTH MIAMI BEACH, FL.		City & State NORTH MIAMI BEACH, FL.	
Zip 33160	Country DADE	Zip 33160	Country DADE
4. Date incorporated or Qualified To Do Business in Florida 3-30-99		5. FEI Number 65-0909261	
6. CERTIFICATE OF STATUS DESIRED ☒ \$0.75 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name DOMENICO FIGLIA			
Street Address (P.O. Box Number is Not Acceptable) 3346 NE 168th Street			
Suite, Apt. #, Etc.			
City North Miami Beach,		State FL	Zip Code 33160
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 <i>Domenico Figlia</i>		Date 11-13-01	
REGISTERED AGENT MUST SIGN			
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
P/D	DOMENICO FIGLIA	3346 NE 168th Street.	North Miami Beach, FL 33140
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)(b), 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: <i>Domenico Figlia</i>		11-13-01 (305) 262-9288	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MARCO AURELIO, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00 ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☒	Reinstatement
☐	Trademark
☐	Other

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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RECEIVED

Examiner's Initials