

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 10 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000852773

1. Corporation Name

Mario and Company Inc

000005598300--1
-05/22/02--01059--031
****300.00 ****300.00

2. Principal Office Address

9882 Glades Rd

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Ste E-4

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33434

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

June 2000

5. FEI Number

65-0927250

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

Mario Marwan Boukzam

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

10171 NW 59 Drive

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33076

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

REGISTERED AGENT MUST SIGN

Date

3/26/02

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
D	Melissa Boukzam	10171 NW 59 Ave	Coral Springs, FL 33076
P/D	Marwan Boukzam	10171 NW 59 Ave	Coral Springs, FL 33076

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02

Date

561-477-4801

Daytime Phone #

May 7, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Subject: Mario & Company, Inc.
Ref. Number: P99000052773

In response to your letter dated April 26, 2002, (attached) I am once again requesting a waiver of late fee's in the amount of \$600.00. The reason the Corporation wasn't filed in a timely fashion is because the address on file was incorrect. I am resending the application for Reinstatement and I am requesting the Certificate of Good Standing.

Thank you in advance for your immediate consideration.

Mario Boukzam



Mario & Company
561-477-4801