

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -5 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000058977

1. Corporation Name
MARE Communication Enterprises Inc.

900013908729
03/11/03--01018--006 **1000.75

0103 *[Signature]*

2. Principal Office Address 4495 S.W. 67 Terr. Suite, Apt. #, etc. Suite 207 City & State Davie FL 33314 Zip 33314		3. Mailing Office Address 4495 S.W. 67 Terr. Suite, Apt. #, etc. Suite 207 City & State Davie FL Zip 33314	
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4. Date Incorporated or Qualified
To Do Business in Florida 06-28-99

5. FEI Number 650930668	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Eugenio Acosta III
Street Address (P.O. Box Number is Not Acceptable)
4495 S.W. 67 Terr.
Suite, Apt. #, Etc.
Suite 207
City
Davie

State
FL
Zip Code
33314

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 *Eugenio Acosta*

Date _____

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
President	Eugenio Acosta III	4495 SW 67 Terr. Davie FL 33314 Suite, 207	Davie FL 33314

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:

Eugenio Acosta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-04-03 (305) 216-8795
Date Daytime Phone #