

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000059583

1. Corporation Name

MAKRO USA, INC.

03 JAN -7 PM 12:06

900003284949

01/05/03-01100-0025 **150.00

Principal Place of Business

1155 Brickell Bay Drive
12055 NW 30 STREET #2704
MIAMI FL 33172 33131

Mailing Address 1155 Brickell Bay Drive
12055 NW 30 STREET #2704
MIAMI FL 33172 33131



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0934844

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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	4 City / State / Zip
PTD	MIRANDA, CARLOS	5001 S.W. 74TH COURT 1155 BRICKELL BAY DR #2704	MIAMI FL 33155 33131
SVD	MIRANDA, JOSE	5001 S.W. 74TH COURT 1155 BRICKELL BAY DR #2704	MIAMI FL 33155 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIRANDA, JOSE
5001 S.W. 74TH COURT
SUITE 202
MIAMI FL 33155

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/28/02 (305) 904 9448

MAKRO USA, INC
10855 N.W. 33rd STREET
Miami, FL 33172

November 7, 2002

Florida Department of State
Division of Corporations
5050 W. Tennessee Street
Tallahassee, FL 32399

Re: Makro USA, INC.
Corporation Reinstatement
FEIN # 65-0934844

Gentlemen:

Enclosed please find a check in the amount of \$150.00 to be applied as payment for the about corporation's Annual Report. Please be informed that this report was never received in our office.

The purpose of this letter is to request that as a courtesy you will process this payment with out charging late filing penalties.

We apologize for any inconvenience this may have cause you and thank you in advance for your cooperation.

Sincerely,

Jose Miranda
Vice-President