

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAR 14 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000075883**

**1. Corporation Name**

**MACLAUD CORPORATION**

**2. Principal Office Address**

**320 86 Street**

Suite, Apt. #, etc.

**APT 10**

City & State

**Miami Beach, FL**

Zip

**33141**

Country

**USA**

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

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

**8-25-99**

**5. FEI Number**

☒ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$375 Additional Fee required  
for a Certificate of Status**

**REINSTATEMENT**

**00-02**

**7. Name and Address of Current Registered Agent**

Name

**Claudia Marin**

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

**320 86th Street**

Suite, Apt. #, Etc.

**Suite 10**

City

**Miami Beach**

**900005181079**

**04/01/02-01095-023**

**\*\*\*\*750.00 \*\*\*\*750.00**

**900005181079**

**04/01/02-01095-024**

**\*\*\*\*300.00 \*\*\*\*300.00**

State

**FL**

Zip Code

**33141**

**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

**Claudia Marin**

Date

**9/26**

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| P-S    | Claudia Marin                        | 320 86 St, APT 10                                 | Miami Beach, FL 33141 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

**SHIPPED OCT 11 2000**

**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:**

**Claudia Marin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/26**

Date

**305-868 9890**

Daytime Phone #

CR2E081 (9/99)