

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 19 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P990000 87871

1. Corporation Name

MARALI INVESTMENTS CORP

100021295821  
07/03/03--01018--025 \*\*1050.00

**REINSTATEMENT** ~~0103~~

2. Principal Office Address

800 Brickell Ave

Suite, Apt. #, etc.

1109

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

800 Brickell Ave

Suite, Apt. #, etc.

1109

City & State

Miami, FL

Zip

33131

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/5/99

5. FEI Number

☒ 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

Ali Lopez

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

21050 Point Place

Suite, Apt. #, Etc.

2403

City

Aventura

State

FL

Zip Code

33180

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

*Ali Lopez*  
REGISTERED AGENT MUST SIGN

Date

6/16/03

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	Ali Lopez	21050 Point Place #2403	Aventura, FL 33180
D	Guillermo Martinez	800 Brickell Ave #1109	Aventura, FL 33180

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

*Ali Lopez*  
Ali Lopez

Date

6/16/03 7863160661

Daytime Phone #

CR2E081 (10/02)