

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 22 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000100303

1. Corporation Name

MARK ARIES, INC.

2. Principal Office Address

3183 Arrowhead Lane

3. Mailing Office Address

3183 Arrowhead Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

City & State

Kissimmee, Florida

Zip

34746

Country

USA

Zip

34746

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/99

5. FEI Number

59-3609418

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

VICTOR M. RENDON

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

3183 Arrowhead Lane

Suite, Apt. #, Etc.

City

Kissimmee, Florida

State

FL

Zip Code

34746

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

Victor M. Rendon
REGISTERED AGENT MUST SIGN

Date 2/20/02

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
P	VICTOR M. RENDON	3183 Arrowhead Lane	Kissimmee, FL 34746
VP/D	MARK A. RENDON	3183 Arrowhead Lane	Kissimmee, FL 34746

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)(l), 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:

Victor M. Rendon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02

Date

(407) 397-4456

Daytime Phone #



MARK ARIES, INC.

Quality Cleaning Service • Licensed and Insured • FREE Estimates
Residential • Construction Sites • Commercial Buildings

February 20, 2002

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Attention: Marquitta Williams

Dear Ms Williams:

Enclosed herewith my Corporate Reinstatement Form, together with payment in the amount of \$450.00 to cover cost of same.

I did not receive the report you called UVR in the year 2000. Since I had incorporated late in 1999 I was ignorant and unaware that each year I had to renew the corporate filing, or I would have filed same.

Thank you for waiving the additional fees due for non-filing.

Sincerely,

Victor M. Rendon

enclosures

