

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
1650
JAN 20 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S16357

1. Corporation Name **MARCELINO FABRICS INC.**

2. Principal Office Address
900 W. 22 St.

3. Mailing Office Address
900 W. 22 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip 33010

Country Miami-Dade

Zip 33010

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0233864

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

REINSTATEMENT 94-00

7. Name and Address of Current Registered Agent

Name

Marcelino Avila.

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

900 W. 22 St.

Suite, Apt. #, Etc.

City

Hialeah

State
FL

Zip Code

33010

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

Marcelino Avila

Marcelino Avila

Date 1-10-2000

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
P	Marcelino Avila	900 W. 22 St.	Hialeah, FL: 33010
ST	Maria Avila	900 W. 22 St.	Hialeah, FL: 33010
			1500-00-Adm
			61-25-AR
			BB.75-AR

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:

Marcelino Avila

Marcelino Avila

1-10-2000

305 -887-1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #