

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 29 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S16357

1. Corporation Name
MARCELINO FABRICS INC.

2. Principal Office Address
900 West 22 St.

3. Mailing Office Address
900 West 22 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hialeah, Fl.

City & State
Hialeah, Fl.

Zip 33010 Country USA

Zip 33010 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0233864

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

400005555744--7
-05/16/02--01069--011
***900.00 ***900.00

7. Name and Address of Current Registered Agent

Name
Marcelino Avila

Street Address (P.O. Box Number is Not Acceptable)
900 West 22 St.

Suite, Apt. #, Etc.

City
Hialeah, Fl.

REINSTATEMENT
State FL Zip Code 33010 18

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
REGISTERED AGENT MUST SIGN

Date 4-23-2002

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	Avila Marcelino	900 W. 22 St.	Hialeah, Fl. 33010
ST	Avila Maria.	900 W. 22 St.	Hialeah, Fl. 33010

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2002 305-887-1003
Date Daytime Phone #

CP2E081 (9/99)