

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 25 AM 8 14

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S51562

1 Corporation Name

MARISAL REFLECTIONS, INC.

Principal Place of Business

Mailing Address

12256 ROYAL PALM BLVD.
CORAL SPRINGS FL 33065
US

P. O. BOX 130160
SUNRISE FL 33313
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 1996 MWD

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business In Florida

05/10/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0260067

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

SEE 7. Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	KENNY, MARIANNE	12256 ROYAL PALM BLVD.	CORAL SPRINGS FL 33065
VP	WOZENCROFT, SHARON	1560 N.W 23 STREET	CORAL SPRINGS FL 33065

300002042253--8
-12/31/96-01061-008
***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KENNY, MARIANNE
12256 ROYAL PALM BLVD.
CORAL SPRINGS FL 33065

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Marianne Kenny
REGISTERED AGENT MUST SIGN

Date

12/23/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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:

Marianne Kenny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/96

Date

Daytime Phone #

572-5731