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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL 26 PM 3:53

**CORPORATION REINSTATEMENT**

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

97-07

DOCUMENT # S77552

1. Corporation Name
MARINA INVESTMENT & DEVELOPMENT CORPORATION

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 5990 SW 16TH TERRACE | 1825 PONCE DE LEON |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| | #138 |
| City & State | City & State |
| MIAMI, FL. | CORAL GABLES, FL |
| Zip: 33155 / Country | Zip: 33134 / Country |

4. Date Incorporated or Qualified To Do Business In Florida: 09-03-1991

5. FEI Number: 650287065 ☐ 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: LUIS ALVAREZ

Street Address (P.O. Box Number is Not Acceptable): 1825 PONCE DE LEON #138

Suite, Apt. #, Etc.:

City: CORAL GABLES | State: FL | Zip Code: 33134

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: _____ Date: 7-25-01

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 |
|---|---|---|---|
| PVST/D | MARINA ALVAREZ | 5990 SW 16TH TERRACE | MIAMI, FL. 33155 |
| D | LUIS ALVAREZ | 5990 SW 16TH TERRACE | MIAMI, FL. 33155 |
| | | | |
| | | | |
| | | | |
| | | | |

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: _____ 7-25-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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# Florida Department of State

## Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

# CORPORATION REINSTATEMENT

## MARINA INVESTMENT & DEVELOPMENT CORPORATION

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | $1,358.75 |