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H04000054240 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
04 MAR 12 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S77552

1. Corporation Name
MARINA INVESTMENT & DEVELOPMENT CORPORATION.

HR

REINSTATEMENT 02-04

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

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: ALVAREZ, LUIS.

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

Suite, Apt. #, Etc.: SUITE 138

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 X _____ Date _____
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	ALVAREZ, MARINA	5990 SW 16th TERRACE	MIAMI, FL 33155
D	ALVAREZ, LUIS	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: X _____
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

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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	0
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