

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **S80132**

1. Corporation Name

**MARSHALL OF SOUTH FLORIDA, INC.**

Principal Place of Business

Mailing Address

~~SUITE 1000 (RFH)~~  
701 BRICKELL AVENUE  
MIAMI FL 33131

~~SUITE 1000 (RFH)~~  
701 BRICKELL AVENUE  
MIAMI FL 33131

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

2. New Principal Office Address, If Applicable

**701 BRICKELL AVE**

Suite, Apt. #, etc.  
**SUITE 1000**

City & State  
**MIAMI, FLORIDA**

Zip  
**33131**

Country  
**DADE**

3. New Mailing Office Address, If Applicable

**701 BRICKELL AVE**

Suite, Apt. #, etc.  
**SUITE 1000**

City & State  
**MIAMI, FLORIDA**

Zip  
**33131**

Country  
**DADE**

**REINSTATEMENT**

**09/13/1991**

5. FEI Number

**65-0286751**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MARCOS, RUBEN	VENUSTIANO CARRANZA 477	MONTERREY, MEXICO
PS	KURI KAUN, SALME	VENUSTIANO CARRANZA 477	MONTERREY, MEXICO

**200003469302--6**  
**-11/17/00--01095--010**  
**\*\*\*750.00 \*\*\*750.00**

8. Name and Address of Current Registered Agent

**HUDSON, ROBERT F., JR.**  
**1200 BRICKELL AVE 19TH FL**  
**MIAMI FL 33131**

9. Name and Address of New Registered Agent

Name

**MARIA MILLARES**

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

**4649 PONCE DE LEON BOULEVARD**

Suite, Apt. #, Etc.

**SUITE 304**

City

**CORAL GABLES**

State

**FL**

Zip Code

**33146**

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**10/27/00**

11. 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**OCT. 27, 2000**

Date

**(528)345-7210**

Daytime Phone #