

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S80132

1. Corporation Name

Marshall of South Florida, Inc.

2. Principal Office Address - No P.O. Box #

500 South Dixie Highway

Suite, Apt. #, etc.

Suite 201

City & State

Coral Gables, Florida

Zip

33146

Country

USA

3. Mailing Office Address

500 South Dixie Highway

Suite, Apt. #, etc.

Suite 201

City & State

Coral Gables, Florida

Zip

33146

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 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. Name and Address of Current Registered Agent

Name

Maria R. Millares

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

500 South Dixie Highway

Suite, Apt. #, Etc.

Suite 201

City

Coral Gables

State

FL

Zip Code

33146

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Maria R. Millares

REGISTERED AGENT MUST SIGN

Date 07/30/2008

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
D	Marcos, Ruben	Venustiano Carranza Sur 477	Monterrey, Mexico
PS	Kuri Kaun, Salme	Venustiano Carranza Sur 477	Monterrey, Mexico

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 contained in Chapter 119, 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:

Ruben Marcos

RUBEN MARCOS

7/30/2008 (205) 662-9649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2008 AUG 11 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400134333684
08/11/08--01054--015 **1200.00

REINSTATEMENT

B. Mitchell AUG 11 2008