

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V44040

1. Corporation Name

MAQUI HOLDINGS INC.

5574 N.W. 79 AVE.

MIAMI, FL. 33166

Principal Place of Business

Mailing Address

8288 N.W. 64 ST.

MIAMI, FL. 33166

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

2. New Principal Office Address, If Applicable

8288 N.W. 64 ST.

Suite, Apt #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt #, etc.

City & State

MIAMI, FL.

Zip

33166

Country

U.S.A.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1.992

5. FEI Number

☒ 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)

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	BERTHA ROSADO	8288 N.W. 64th ST.	MIAMI, FL. 33166
VP	ENRIQUE A. WELLISH	8288 N.W. 64th ST.	MIAMI, FL. 33166

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-05/19/99--01063--007  
\*\*\*1508.75 \*\*\*1508.75

8. Name and Address of Current Registered Agent

BERTHA ROSADO

8288 N.W. 64th STREET

MIAMI, FL. 33166

9. Name and Address of New Registered Agent

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

*Bertha Rosado*

REGISTERED AGENT MUST SIGN

Date

4-15-99

(See other side for information  
on intangible tax.)

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

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)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-99 305 436-1111

CP2E031 (12-98)