

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -6 AM 11:15

DOCUMENT # P00000114752

1. Corporation Name

MARIALE INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

1386 CANARY ISLAND DRIVE
WESTON FL 33327

1386 CANARY ISLAND DRIVE
WESTON FL 33327



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33326

USA

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/2000

5. FEI Number

N/A

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

PTD

PLANAS, JOSE ALEJANDRO G

1386 CANARY ISLAND DRIVE

WESTON FL 33327

SVD

SUAREZ, ALEJANDRO M. G

1386 CANARY ISLAND DRIVE

WESTON FL 33327

800004726388--6

-12/14/01--01035--014

****750.00 ****750.00

John/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PLANAS, JOSE ALEJANDRO G
1386 CANARY ISLAND DRIVE
WESTON FL 33327

Name

Planas, Jose Alejandro G.

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

same

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

REGISTERED AGENT MUST SIGN

Date

11/12/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/01

Daytime Phone #

CR2040 (8/01)