

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

00 FEB 10 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 241531

1. Corporation Name

MARDAVE COMPANY

2. Principal Office Address

205 S. Hoover St. #400

3. Mailing Office Address

" "

Suite, Apt. #, etc.

#400

Suite, Apt. #, etc.

" "

City & State

TPA, FL. 33609

City & State

" "

Zip

33609

Country

U.S.A

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-28-60

5. FEI Number

59-0947719

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

J. Styles Wilson, Esquire

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

205 S. Hoover St. #400

Suite, Apt. #, Etc.

Ste: 400

City

Tampa

State

FL

Zip Code

33609

REINSTATEMENT 2-8-00

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

J. Styles Wilson
REGISTERED AGENT MUST SIGN

Date 2-8-00

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
Pres	Mike Hughey	205 S. Hoover St #400	TPA, FL. 33609
Secy.	Shirley A. Carter	" "	" "
Dir.	Jim Farmer	" "	" "
			700003137677-8 -02/16/00-01077-010 ***2203.75 ***2203.75

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:

Mike Hughey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00 Pres.

Date

Daytime Phone #

CR2E081 (9/99)