

2 of 2 pages

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000129425 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-0821
Fax Number : (850) 558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**CORPORATION REINSTATEMENT
MARTIN MARIETTA OVERSEAS CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,800.00

Electronic Filing Menu

Corporate Filing Menu


Help

1 of 2 page

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
12 MAY 11 PM 3:21
FLORIDA DEPARTMENT OF STATE
SECRETARIAT OF STATE
3000 PENNSYLVANIA AVENUE, SUITE 1000

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32529

1. Corporation Name
MARTIN MARIETTA OVERSEAS CORPORATION

2. Principal Office Address - No P.O. Box #
6801 ROCKLEDGE DR.

3. Mailing Office Address
6801 ROCKLEDGE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BETHESDA, MD

City & State
BETHESDA, MD

Zip Country
20817 USA

Zip Country
20817 USA

4. Date Incorporated or Qualified To Do Business in Florida **01/14/1991**

5. PEI Number **52-1879453** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED Additional Information for Certificate of Status

7. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City
TALLAHASSEE

State Zip Code
FL 32031

B. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0535 or 617.0503, F.S.

Signature of Registered Agent Stephanie Walker, Assistant Vice President

Date **5/11/2012**

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	Ward, John M	6801 Rockledge Dr	Bethesda, MD 20817
DVP	Gregoire, Christopher J	6801 Rockledge Dr	Bethesda, MD 20817
DP	Whalen, Edward M	6801 Rockledge Dr	Bethesda, MD 20817
S	Salinger, Dorota	6801 Rockledge Dr	Bethesda, MD 20817
VPT	Possenriede, Kenneth R	6801 Rockledge Dr	Bethesda, MD 20817
AS	Cordero, Maritza	6801 Rockledge Dr	Bethesda, MD 20817

10. E-mail Address: **kathy.l.allen@lmco.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Maritza Cordero **Maritza Cordero, Assistant Secretary** **5/11/12** **3018976255**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20 5/11/12