1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

H02000061271 1

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000018960

REINSTATEMENT 98-02

1. Corporation Name
MARA PROPERTIES, INC.

2. Principal Office Address	3. Mailing Office Address
5800 N.W. 39th Avenue	5800 N.W. 39th Avenue
Suite, Apt. #, etc.: Suite 104	Suite, Apt. #, etc.: Suite 104
City & State: Gainesville, FL	City & State: Gainesville, FL
Zip: 32606 Country: US	Zip: 32606 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 03/12/93

5. FEI Number: 59-3174260 ☐ 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: McArthur, Robert

Street Address (P.O. Box Number is Not Acceptable): 5800 N.W. 39th Avenue, Suite

Suite, Apt. #, Etc.: Suite 104

City: Gainesville, Florida | State: FL | Zip Code: 32606

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: Robert McA | Date: March 19/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	McArthur, Robert	75 The Donway West, Suite 304	Don Mills, Ontario, Canada M3C2E9
VPST D	McArthur, Shirley	75 The DonWay West, Suite 304	Don Mills, Ontario, Canada M3C2E9

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: Robert McA, President | 3/19/02 | 416 386 9645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

03-21-02 08:02am From-JOHNSON,BLACKELY +7727441861? T-382 P.02/02 F-551

2&2

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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Division of Corporations
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From:
Account Name : JOHNSON, BLAKELY, POPE, BOKER, RUPPEL & BURNS, P.A.
Account Number : 076666002140
Phone : (727)461-1818
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CORPORATION REINSTATEMENT

MARA PROPERTIES, INC.

Certificate of Status	1
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