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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H050

PLEASE READ ALL INSTRUCTIONS BEFORE C

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 324238			
1. Corporation Name MARSHALL ENTERPRISES INC			
2. Principal Office Address P.O. BOX 248 Suite, Apt. #, etc.		3. Mailing Office Address P.O. BOX 248 Suite, Apt. #, etc.	
City & State PALM CITY, FL		City & State PALM CITY, FL	
Zip 34991	Country	Zip 34991	Country
4. Date Incorporated or Qualified To Do Business in Florida 12/07/1967		5. FEI Number 591197466	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐		\$3.75 Additional Fee Required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name A1A Registered Agent Inc.			
Street Address (P.O. Box Number is Not Acceptable) 92 Sadberry Road			
Suite, Apt. #, Etc.			
City Quincy		State FL	Zip Code 32351
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 <i>[Signature]</i>		Date 6-8-2005	
REGISTERED AGENT MUST SIGN			
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,P	SANDOR MARSHALL	P.O. BOX 248	PALM CITY, FL 34991
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)(b), 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: <i>[Signature]</i>		SANDOR MARSHALL	
Date		Date 6-8-2005	

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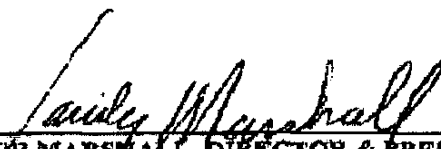
DATE: 06-08-05

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: SANDOR MARSHALL
MARSHALL ENTERPRISES, INC.

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL.
PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALT
IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 800-494-3124.

THANKS,

x 
SANDOR MARSHALL, DIRECTOR & PRESIDENT
MARSHALL ENTERPRISES, INC.

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

CORPORATION REINSTATEMENT

MARSHALL ENTERPRISES INC

Certificate of Status	0
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