

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 524625

1. Corporation Name

MARBO, INC.

Principal Place of Business

1976 KINGSLEY AVENUE  
ORANGE PARK FL 32073

Mailing Address

1976 KINGSLEY AVENUE  
ORANGE PARK FL 32073

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC -6 AM 10:45



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

2723 Henley Road

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 734

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

01/27/1977

5. FEI Number

59-1721797

Applied For

Not Applicable

City & State

Green Cove Springs, FL

City & State

Penney Farms, FL

Zip

32043

Country

USA

Zip

32079

Country

USA

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	TILLMAN, BOBBY	1976 KINGSLEY AVENUE 2723 Henley Rd	ORANGE PARK FL Green Cove Spgs, FL 32043
S	TILLMAN, MARSHA A.	1976 KINGSLEY AVENUE 2723 Henley Rd	ORANGE PARK FL Green Cove Spgs, FL 32043
			200004726412--0 -12/14/01--01035--024 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

TILLMAN, BOBBY

1976 KINGSLEY AVENUE NEW ADDRESS  
ORANGE PARK FL 32073

9. Name and Address of New Registered Agent

Name

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

2723 Henley Road

Suite, Apt. #, Etc.

City

Green Cove Springs

State

FL

Zip Code

32043

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

Bobby Tillman

REGISTERED AGENT MUST SIGN

Date

12-03-01

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:

Bobby Tillman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-03-01 904  
282-2019

Daytime Phone #

CR2040 (8/01)