

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 DEC -3 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400254367714
12/03/13--01016--005 **175.00

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 5/28/62	
5. FEI Number 592090656	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	

DEC -4 2013

L. SELLERS

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704101

1. Corporation Name

La Marietta, Inc

2. Principal Office Address - No P.O. Box #

2430 SE 17th St

Suite, Apt. #, etc.

A - H

City & State

Ft. Lauderdale

Zip

33316

Country

US

3. Mailing Office Address

1711 Worthington Rd

Suite, Apt. #, etc.

Ste 103

City & State

West Palm Bch

Zip

FL

Country

U.S.

7. Name and Address of Current Registered Agent

Allied Property Management Group, Inc.

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

1711 Worthington Road

Suite, Apt. #, Etc.

Ste 103

City

West Palm Bch

State

FL

Zip Code

33409

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

Wendy Johnson

REGISTERED AGENT MUST SIGN

Date 11/18/13

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
P.	William Jamouneau	1617 Lombard St	Philadelphia, PA 19146
V-T	Michael Roberts	2430 SE 17th St	Ft Lauderdale FL 33316
S.	Debra Seritello	401 SW 4th Ave #504	Ft. Lauderdale FL 33316

REINSTATEMENT 2013

10. E-mail Address: wendy@alliedpmg.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:

Wendy Jamouneau

William C. JAMOUNEAU, PRESIDENT

Date

11/25/13 (215) 1070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone