

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 11 PM 4:00

DOCUMENT # 742219

1. Corporation Name

MARATHON YOUTH CLUB, INC.

2. Principal Office Address

P.O. BOX 500232

Suite, Apt. #, etc.

City & State

MARATHON, FL

Zip

33050

Country

USA

3. Mailing Office Address

P.O. BOX 500232

Suite, Apt. #, etc.

City & State

MARATHON, FL

Zip

33050

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

592371072

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

ROBERT K. MILLER, ESQUIRE

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

2975 OVERSEAS HIGHWAY

Suite, Apt. #, Etc.

City

MARATHON

State

FL

Zip Code

33050

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

REGISTERED AGENT MUST SIGN

Date **03/06 /2002**

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
PD	PERRY A. CARNEY	2201 SOMBRERO BEACH ROAD	MARATHON, FL 33050
VD	CHRISTOPHER MICHAEL BULL	150 CALLE ENSUENO	MARATHON, FL 33050
SD	GERALD LYNN LANDRY	763 86TH STREET	MARATHON, FL 33050
TD	CHERI PERRY	P.O. BOX 522352	MARATHON SHORES, FL 33052
D	CHRIS GRATTON	5210 DOGWOOD DELL	MARATHON, FL 33050
D	TAMMIE BRULAND	8036 SHARK DRIVE	MARATHON, FL 33050

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Perry A. Carney **PERRY A. CARNEY**

Date

1-9-02

Daytime Phone #

305-289-0423

CR2E081 (9/01)