


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 00 NOV 27 AM 11:58																									
DOCUMENT # 811843																													
1. Corporation Name MARLLO INC																													
REINSTATEMENT																													
2. Principal Office Address 2400 E. SILVER PALM RD Suite, Apt. #, etc. City & State Boca Raton Zip 33432 Country PALM BEACH		3. Mailing Office Address SAME AS STATED AT Suite, Apt. #, etc. PRINCIPAL OFFICE ADDRESS City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																									
7. Name and Address of Current Registered Agent																													
Name LLOYD E. SMITH, PRES		100003493061--9																											
Street Address (P.O. Box Number is Not Acceptable) 2400 EAST SILVER PALM RD		-12/11/00--01026--011 ****750.00 ****750.00																											
Suite, Apt. #, Etc.																													
City BOCA RATON		State FL		Zip Code 33432																									
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 LLOYD E. SMITH		Date 11-16-2000																											
REGISTERED AGENT MUST SIGN																													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																													
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>PRES</td><td>LLOYD E. SMITH</td><td>2400 E. SILVER PALM RD.</td><td>BOCA RATON FL 33432</td></tr><tr><td>DIR</td><td>GARY B. SMITH</td><td>724 PARK ST.</td><td>BIRMINGHAM AL 35201</td></tr><tr><td>VICE PRES</td><td>LLOYD E. SMITH</td><td>2400 E. SILVER PALM RD</td><td>BOCA RATON FL 33432</td></tr><tr><td>SEC</td><td>LLOYD E. SMITH</td><td>" " " " "</td><td>" " " "</td></tr><tr><td>TREAS</td><td>LLOYD E. SMITH</td><td>" " " " "</td><td>" " " "</td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PRES	LLOYD E. SMITH	2400 E. SILVER PALM RD.	BOCA RATON FL 33432	DIR	GARY B. SMITH	724 PARK ST.	BIRMINGHAM AL 35201	VICE PRES	LLOYD E. SMITH	2400 E. SILVER PALM RD	BOCA RATON FL 33432	SEC	LLOYD E. SMITH	" " " " "	" " " "	TREAS	LLOYD E. SMITH	" " " " "	" " " "
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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: LLOYD E. SMITH		11-16-20 561-361-0632																											
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #																									

CR2E081 (9/99)