

FILED

07 DEC 14 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F46441

1. Corporation Name

The Marianna Group, Inc.

2. Principal Office Address - No P.O. Box #
375 Park Avenue

3. Mailing Office Address
375 Park Avenue

Suite, Apt. #, etc.
Suite 3408

Suite, Apt. #, etc.
Suite 3408

City & State
New York, NY

City & State
New York, NY

Zip Country
10152 USA

Zip Country
10152 USA

4. Date Incorporated or Qualified
To Do Business in Florida 9/28/1981

5. FCN Number
592125555

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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State Zip Code
FL 32301

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 0509, F.S.

Signature of
Registered Agent

Ann R. Shilling

Ann R. Shilling, Assistant VP

Date

12/14/07

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
DPT	Everett R. Cook, II	375 Park Avenue, Suite 3408	New York, NY 10152
S	Karen S. Cook	375 Park Avenue, Suite 3408	New York, NY 10152

REINSTATEMENT

RH

1207

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 contained in Chapter 119, 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:

Everett R. Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-07 212-784-0620

Date

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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RESUBMIT
Please give original submission date as file date.

To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

Heather K2908

CORPORATION REINSTATEMENT

THE MARIANNA GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	023
Estimated Charge	\$1,200.00

2273.75