

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC -7 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT-06



282006 REIN-P CR2E098 (11/05)

4. FEI Number  
NOT APPLICABLE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
Name: JANUS CONNELLY  
Street Address (P.O. Box Number is Not Acceptable): SURF CLUB APTS 3G  
9133 COLLINS AVE  
City: SURFSIDE FL Zip Code: 33154

DOCUMENT # F96000004020

1. Entity Name  
MARATHON MACHINE, INC.



Principal Place of Business  
P.O. BOX 1  
HOPKINTON, MA 01748 US

Mailing Address  
P.O. BOX 1  
HOPKINTON, MA 01748 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CAMERON, KENNETH W  
EDGEWATER MANOR  
8500 BYRON AVE.  
MIAMI BEACH, FL 33141

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Janus Connelly*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/1/2007

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDC CONNELLY, JANUS 6 COLLEGE STREET HOPKINTON, MA 01748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERON, KENNETH W 8500 BYRON AVE MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELLY, JOSEPH 6 COLLEGE STREET HOPKINTON, MA 01748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>B 12/1/07</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>REINSTATEMENT</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDC CONNELLY, JANUS 9133 COLLINS AVE APT 3G SURFSIDE FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300082634173 12/19/06--01018--002 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Janus Connelly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/2007

Date

Daytime Phone #

508-366-8822