

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC -4 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F9000005392**

1. Corporation Name

Mar. Ti. Net Corporation

W-27305

2. Principal Office Address

3015 N. Ocean Blvd PO Box 480248

3. Mailing Office Address

Suite, Apt. #, etc.

107

Suite, Apt. #, etc.

City & State

Fort Lauderdale

City & State

Fort Lauderdale

Zip

33308

Country

U.S.A.

Zip

33348

Country

U.S.A.

REINSTATEMENT

97.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/95

5. FEI Number

75-2625225

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James Reyer

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

5301 N. Federal Hgwh

200003496712-3

-12/12/00--01034--016

Suite, Apt. #, Etc.

130

******150.00 ****150.00**

City

Boca Raton

State

FL

Zip Code

33487

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

[Signature]

Date **10-30-00**

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
PRES	Martin Tschanz	3015 N. Ocean Blvd. Ft. Laud, FL 33308 #107	Ft. Lauderdale, FL 33308
D	Alexander Kunz	3015 N. Ocean Blvd. #107	Ft. Lauderdale, FL 33308
			LS

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-24-2000

Daytime Phone #

954/

6/7/00 01070/001 \$100.00
9/10/00 01002/001 \$150.00