

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 26 AM 10:02

DOCUMENT # F97000003064

1. Corporation Name

MARSHA D' ARRIAGA, INC.

Principal Place of Business

Mailing Address

7114 MIN RUN CIRCLE
NAPLES FL 34109

7114 MIN RUN CIRCLE
NAPLES FL 34109



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6260 Shirley St
Suite, Apt. #, etc. 605

3. New Mailing Office Address, If Applicable

6260 Shirley St
Suite, Apt. #, etc. 605

City & State

Naples, FL

City & State

Naples, FL

Zip

34109

Country

Collier

Zip

34109

Country

Collier

REINSTATEMENT

Date Incorporated or Qualified
To Do Business in Florida

06/12/1997

5. FEI Number

04-2993826

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CP	SHEPARD, MARSHA	7114 MIN RUN CIRCLE	NAPLES FL 34109
DT	SHEPARD, RICHARD B	7114 MIN RUN CIRCLE	NAPLES FL 34109
D	SHEPARD, CHRISTOPHER S	218 NEWBERRY ST	BOSTON MA 02116

100003460081--6
-11/13/00--01005--008
****750.00 ****750.00

11/17

8. Name and Address of Current Registered Agent

SHEPARD, MARSHA
7114 MIN RUN CIRCLE
NAPLES FL 34109

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Marsha H. Shepard
REGISTERED AGENT MUST SIGN

Date 10/23/00

11. 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:

Marsha H. Shepard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-594-8520

CR2E040 (8/00)