


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 18 AM 7:28

DOCUMENT # H13318		
1. Entity Name MARTE, INC.		

Principal Place of Business 10 SANDPIPER COVE PONTE VEDRA BCH, FL 32082-8654	Mailing Address 10 SANDPIPER COVE P.O. BOX 1654 PONTE VEDRA BCH, FL 32082-8654
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REINSTATEMENT

06-07

2. Principal Place of Business - No P.O. Box # 9601 Southbrook Drive Suite, Apt. #, etc. Apt. N127 City & State Jacksonville, FL Zip 32256 Country Dural	3. Mailing Address 9601 Southbrook Drive Suite, Apt. #, etc. Apt. N127 City & State Jacksonville, FL Zip 32256 Country Dural
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04112007 REIN-P CR2E098 (1/07)

4. FEI Number 59-2427775	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEIGHTON, STEPHEN 10 SANDPIPER COVE PONTE VEDRA BEACH, FL 32082 9601 Southbrook Drive, Apt. N127 Jacksonville, FL 32256
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Stephen E. Leighton DATE 4/14/07
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEIGHTON, STEPHEN E. 10 SANDPIPER COVE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9601 Southbrook Drive, Apt. N127 Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIGHTON, FRANCES H. 10 SANDPIPER COVE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9601 Southbrook Drive, Apt. N127 Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEIGHTON, ANNE M. 1833 HALSTEAD BLVD. TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800103238578 05/25/07--01010--019 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: Stephen E. Leighton DATE 4/14/07 904-641-9977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #