

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 16 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J66756

1. Corporation Name

MARINO AND ASSOCIATES, INC.

REINSTATEMENT 03-04

2. Principal Office Address
790 SW 4th Street

3. Mailing Office Address
790 SW 4th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boca Raton, Florida

City & State
Boca Raton, Florida

Zip
33486

Country
USA

Zip
33486

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 04/13/1987

5. FEI Number
650255094

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
FRANK R. MARINO

Street Address (P.O. Box Number is Not Acceptable)
790 SW 4th Street

Suite, Apt. #, Etc.

City
Boca Raton

State
FL

Zip Code
33486

900030577279
03/16/04--01094--025 ***10.00

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

Frank R. Marino

REGISTERED AGENT MUST SIGN

Date 3-10-04

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
STD	LIANE G. MARINO	790 SW 4th Street	Boca Raton, Florida 33486
PD	FRANK R. MARINO	790 SW 4th Street	Boca Raton, Florida 33486

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:

Frank R. Marino

FRANK R. MARINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-10-04

Daytime Phone #

561-394-3395

LAW OFFICES OF
RICHARD C. BAGDASARIAN, P.A.
A part of Bagdasarian & Briggs, an interstate partnership

*Comerica Bank Building, Suite 302
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FAX (561) 241-3226*

RICHARD C. BAGDASARIAN*
*Board Certified
Civil Trial Lawyer
CERTIFIED MEDIATOR*

PLEASE REPLY TO BOCA RATON OFFICE

OHIO OFFICE 4367 State Road
Akron, OH 44319
Tel. (330) 644-7922
Fax (330) 645-1970

R. DAVID BRIGGS**

KORY VELETEAN***

**Licensed in Colorado & Florida
**Licensed in Ohio Only
***Licensed in Ohio & Florida*

March 10, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: *Reinstatement of Marino and Associates, Inc.*

Dear Sir/Madam:

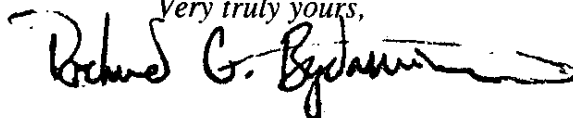
Please be advised that this firm represents Marino and Associates, Inc. Enclosed herein is a fully completed Corporation Reinstatement Application together with this firm's check in the amount of \$300.00 to cover the cost of reinstatement of the above-referenced corporation for the years 2003 and 2004.

We herewith request a waiver of the \$600 Reinstatement Fee due to the fact that Marino and Associates, Inc. did not receive any Annual Report Forms for the years 2003 and 2004.

Should you have any questions, or require additional information, please do not hesitate to contact the undersigned.

Thank you for your prompt attention to this matter.

Very truly yours,



RICHARD C. BAGDASARIAN

RCB/mc
Enclosures

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