

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 14 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J85438**

1. Corporation Name

Marathon Manor Inc.

2. Principal Office Address

11000 Prosperity Farms Rd

Suite, Apt. #, etc.

100

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

1987

5. FEI Number

59-2837318

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

Theresa B. Cleveland

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

11000 Prosperity Farms Rd

Suite, Apt. #, Etc.

100

City

Palm Beach Gardens, FL

State

FL

Zip Code

33410

400008330594--2

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******750.00 ****750.00**

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

Theresa B. Cleveland

REGISTERED AGENT MUST SIGN

Date

10/10/02

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
P	Robert M. Beech	11000 Prosperity Farms Rd #100	Palm Beach Gardens, FL 33410
S, T	Theresa B. Cleveland	11000 Prosperity Farms Rd #100	Palm Beach Gardens, FL 33410

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:

Theresa B. Cleveland

Date

10/10/02

Daytime Phone #

CR2E081 (9/01)

10/14/02