

Apr. 25. 2007 10:39AM

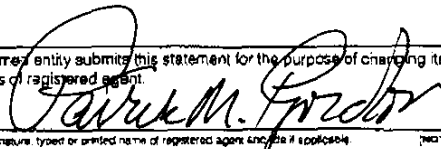
No. 3607 P. 2

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 MAY 11 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J85438			
1. Entity Name MARATHON MANOR, INC.			
Principal Place of Business 320 SOMBRERO BEACH RD MARATHON, FL 33050 US		Mailing Address 320 SOMBRERO BEACH RD MARATHON, FL 33050 US	
2. Principal Place of Business - No P.O. Box # 810 SATURN ST. Suite, Apt. #, etc. #17		3. Mailing Address 810 SATURN ST. Suite, Apt. #, etc. #17	
City & State JUPITER, FL.		City & State JUPITER, FL.	
Zip 33477	Country U.S.	Zip 33477	Country U.S.
4. FEI Number 59-2837318		Applied For ☐ No: Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORDON, PATRICK M 810 SATURN STREET STE 17 JUPITER, FL 33477		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  DATE: 5/8/2007 Signature typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when re-appointing)			
FILE NOW!!! FEE IS \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BECHT, ROBERT M 9430 HWY 141 SOUTH HARTSVILLE, TN 37074 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	700103605877 ☐ Change ☐ Addition 05/31/07--01022--011 **\$900.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: X 		4-25-2007 615-374-9144	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

J17aw