

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 22 AM 5:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

K10928

1. Corporation Name

MAR-AL, INC.

2. Principal Office Address - No P.O. Box #

67 COADNIAL LANE

Suite, Apt. #, etc.

3. Mailing Office Address

67 COLONIAL LANE

Suite, Apt. #, etc.

City & State

BELLPORT, NY

City & State

BELLPORT, NY

Zip

11713

Country

SUFFOLK

Zip

11713

Country

SUFFOLK

4. Date Incorporated or Qualified
To Do Business in Florida

01-06-1988

5. FEI Number

65-0033669

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

WOOD + SEITZ

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

3665 BEE RIDGE ROAD

Suite, Apt. #, Etc.

SUITE 300

City

SARASOTA

State

FL

Zip Code

34233

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Wayne Seitz

REGISTERED AGENT MUST SIGN

Date 10/19/2009

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
PD	LYNNE CLOUGH	67 COLONIAL LANE BELLPORT, NY	BELLPORT, NY 11713
VD	HOWARD KING	22 WOOD AVE	PATCHOGUE, NY 11772
TD	KATHY STAFFORD	144 OREGON AVE	MEDFORD, NY 11763
SD	PAUL A. CLOUGH	67 COLONIAL LANE	BELLPORT, NY 11713
REINSTATEMENT RH			

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul A. Clough

10/19/2009 or 631-286-2566
631-707-2753