PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAR 10 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K44764

1. Corporation Name
Marken Properties Inc.

400119831334
03/10/08--01049--006 **300.00
REINSTATEMENT 07-08

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
694 Sioux Circle	694 Sioux Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crestview, Fla.	City & State: Crestview, Fla.
Zip: 32536 Country: USA	Zip: 32536 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/16/88

5. FEI Number: 592920957 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ($5.00 Additional Fee Required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: Ronald D. Martin
Street Address (P.O. Box Number is Not Acceptable): 694 Sioux Circle
Suite, Apt. #, etc.:
City: Crestview State: FL Zip Code: 32536

☒ 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: Ronald D. Martin (REGISTERED AGENT MUST SIGN) Date: 2-6-08

9. Names and Street Addresses of All Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)

Type	Title of Officers and/or Directors	Street Address of Each Officer and/or Director	City - State / Zip
P	Ronald D. Martin	694 Sioux Circle	Crestview, Fla 32536
ST	Pat Martin	694 Sioux Circle	Crestview, Fla. 32536

3/31/11

10. I certify that I am an officer or director of the corporation 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 this reinstatement application for the purpose of dissolution has been effectuated, 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: Ronald D. Martin 2-6-08 850-682-5327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #