

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 20 PM 1:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

7/20

DOCUMENT #

1. Corporation Name

Markin LLC

L00000010905

2. Principal Office Address

4555 12th Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 5326

Suite, Apt. #, etc.

City & State

Vero Beach FL

Zip

32966

Country

City & State

Vero Beach FL

Zip

32961

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7-2001

5. FEI Number

651042180

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

Kenny Holmes

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

4555 12th Street

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32966

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

[Signature]

Date 7-15-04

REGISTERED AGENT MUST SIGN

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
President	Kenny Holmes	P.O. Box 5326	Vero Beach/FL/32961
Vice President	Keith Wabard	P.O. Box 5326	Vero Beach/FL/32961

07/20/04--01042--002 **150.00

REINSTATEMENT

2002-2003
2004

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-15-04

Daytime Phone #

3676

CR2E081 (01/04)