

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

1. **DOCUMENT #** L01000009288

Name and Mailing Address

0010834 01 AT 0.292 **AUTO TO 0 0615 34234-314941



MARZ DISTRIBUTION, L.C.

2141 47TH STREET

SARASOTA FL 34234-3149

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SECRETARY OF STATE
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10/30/03--01058--013 **150.00



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|--|-----------------------------------|--|------------------------------|
| 2. New Mailing Address City, State, Zip | | 4. State/Country of Formation FL | |
| Principal Place of Business 2141 47TH STREET SARASOTA FL 34234 | | 5. Date Organized or Qualified To Do Business in Florida 06/05/2001 | |
| 3. New Principal Place of Business Address City, State, Zip | | 6. FEI Number 65-1111229 | |
| | | Applied For Not Applicable | |
| 8. Name and Address of Current Registered Agent MOORE, JOHN L 200 SOUTH ORANGE AVE. SARASOTA FL 34236 | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |
| | | 9. Name and Address of New Registered Agent | |
| | | Name BRIAN BROWN | |
| | | Street Address (P.O. Box Number is Not Acceptable) 2141 47TH STREET | |
| | | City SARASOTA FL Zip Code 34234 | |
| 10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. | | | |
| Signature of Registered Agent | | Date 10/28/03 | |
| SIGNATURE REQUIRED | | REGISTERED AGENT MUST SIGN | |
| 11. Names and Street Addresses of Each Managing Member/Manager | | | |
| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
| MGRM | BROWN, BRIAN N MGR | 5217 BIRCH AVE. | SARASOTA FL 34233 |
| MGRM | ZALKIN, BRUCE MGR | 2242 OTTER CREEK LN. | SARASOTA FL 34240 |
| MGRM | BROWN, BRIAN N MGR | 14520 M&J ROAD | MYAKKA CITY, FL 34251 |
| MGRM | ZALKIN, BRUCE MGR | 1711 RANCH CLUB BLVD. | MYAKKA CITY, FL 34251 |
| REINSTATEMENT 03 dec | | | |

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

SIGNATURE REQUIRED

Date **10/16/03**

Daytime Phone # **941-360-0569**

Typed or printed name of signing Managing Member/Manager

BRIAN BROWN

CR2E084 (7/03)