PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 DEC -3 AM 9:06

CR2E081 (11/10)

DOCUMENT # M62201

1. Corporation Name

LANA MARKS LTD. INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
125 Worth Ave	same
Suite, Apt. #, etc.: 302	Suite, Apt. #, etc.:
City & State: PALM BEACH.	City & State:
Zip: 33480 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 1987

5. FEI Number: 650-011-821 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

YES

900279710369
12/03/15--01007--024 **758.75

7. Name and Address of Current Registered Agent

Name: Lana J Marks

Street Address (P.O. Box Number is Not Acceptable): 125 WORTH AVE

Suite, Apt. #, Etc.: 302

City: PALM BEACH State: FL Zip Code: 33480

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: Lana J Marks Date: _____

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
CEO	LANA J. MARKS	125 WORTH AVE	PALM BEACH
		SUITE 302	FLORIDA 33480
	REINSTATEMENT	DEC 03 2015	
		R. HUNT	

10. **E-mail Address:** lanajmarks@hotmail.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Lana J Marks Nov 24, 2015 561-655-3155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #