

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

APPLICATION  
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

1997 JAN 27 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M69127  
1. Corporation Name  
MARATHON CORPORATION

Principal Place of Business Mailing Address  
8190 SW 8 STREET  
MIAMI, FL 33144

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable <u>SAME</u>		3. New Mailing Address, If Applicable <u>SAME</u>		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>05-0043521</u>	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Eddy Chamizo	8980 SW 21ST	Miami, FL 33165
Vice-President	Delia Chamizo	8980 SW 21ST	Miami, FL 33165
Sec-Treasurer	Delia Izquierdo	7232 SW 139CT	Miami, FL 33183
			800002072098--5 -01/29/97--01032--017 ****775.00 ****775.00

**REINSTATEMENT**

8. Name and Address of Current Registered Agent <u>Delia Izquierdo</u> <u>7232 SW 139CT</u> <u>Miami, FL 33183</u>		9. Name and Address of New Registered Agent Name <u>Eddy Chamizo</u> Street Address (P.O. Box Number is Not Acceptable) <u>8190 SW 8 STREET</u> Suite, Apt. # Etc. City <u>Miami</u> State <u>FL</u> Zip Code <u>33144</u>	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent Delia Izquierdo Date 12-10-96  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No   
(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Delia Izquierdo Date 10-10-96 Daytime Phone # (305) 264-1411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/95)