

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 21 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000002771

1. Corporation Name

MARANATHA ASSEMBLY INTERNATIONAL INC.

2. Principal Office Address - No P.O. Box #

13083 62ND CT. N

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FLORIDA

WEST PALM BEACH

City & State

Zip

Country

Zip

Country

33412

REINSTATEMENT 08-10

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

3/14/2005

5. FEI Number

34-2039006

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

DAVID EWERS

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

13083 62ND CT. NORTH

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33412

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

David Ewers

Date 5/18/2010

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
P	DAVID EWERS	13083 62ND CT. N.	WEST PALM BEACH FLORIDA 33412
✓	DEANNE EWERS	SAME	✓ 100181206301 05/21/10--01039--017 **358.75 5/24

10. E-mail Address:

(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., 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.

SIGNATURE:

David Ewers

5/18/2010

DAVID EWERS PRESIDENT

5/17/10

767-8789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #