

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 14 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005813

1. Corporation Name

Marathon Economic Development Council Inc.

2. Principal Office Address

2059 Overseas Hwy  
Suite, Apt. #, etc.

City & State

Marathon FL

Zip

33050 Monroe

3. Mailing Office Address

PO Box 522582  
Suite, Apt. #, etc.

City & State

Marathon Shores FL

Zip

33052 Monroe

4. Date Incorporated or Qualified  
To Do Business in Florida

12/07/1995

5. FEI Number

650571756

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

Thomas D Wright, Esq.

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

9711 Overseas Hwy

Suite, Apt. #, Etc.

City

Marathon FL

FL

33050

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

Thomas D Wright

REGISTERED AGENT MUST SIGN

Date 3/4/04

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
ST	Jane Helbling	1103 S. Indies Dr.	Duck Key FL 33050
D	Lynn Mayes	2000 Morton St	Grassy Key FL 33050
D	Brian Schmitt	11100 Overseas Hwy	Marathon FL 33050
P	Sherry Popham	227 W. Seaview Cir	Duck Key FL 33050

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:

Sherry Popham

3.02.04

305.7436341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)