PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 9 19/2

Not Applied  To Country BR. 29 4275 Country BR	WIT CENTER	ALL MOTROCTIONS BEFORE S	Town Ellins in not qualify	
DOCUMENT # 1960 O O O O O O O O O O O O O O O O O O O	CORPORATION	Katherine Harris		
2. Princips Office Address 3. Mailing Office Address 4. Date Incorporated or Couldified 10 De Date Incorporated Or Status Desired 10	DOCUMENT # 1960	120002265		
2. Precipal Office Address 3.3 N. Mailing Office Address 3.4 3.5 N. Mailing Office Address 3.5 N	1. Corporation Name Markow C	astom FRAMING TAC	MERMINOSER	
2. Protopol Office Address 3. A Mailey Office Address 5. Suite. April 8. de.  Suite. April 8. de.  Suite. April 8. de.  Suite. April 8. de.  City & State 2. Suite. April 8. de.  Country A Mark Address of Current Registered Agent  Thame A Mark Address of Current Registered Agent  The A				
City & State  A Date Incorporated or Qualified To Do Business in Florida  To Do Business in Florida  Applied For Do Business in Florida  To Do Business in Florida  Applied For Do Business in Florida  FEB Vision S. FEB VISION S	2. Principal Office Address 223 N. RAVENNAST.	3. Mailing Office Address 233. N. RAUCINA ST.		
Applied for No Applied 19 September 19 Septe			4. Date Incorporated or Qualified	
7. Name and Address of Current Registered Agent  Name Control of State Control of State Current Registered Agent  Name Control of State Control of State Current Registered Agent  Street Address (P.O. Box shurrhog is Not Acceptable)  FL 3/8/75  8. 1, 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 Address of Each Officer and/or-Director (Florida nonprofit corporations must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or-Director (Florida nonprofit corporations must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or-Director (Florida nonprofit corporations must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or-Director (Florida nonprofit corporations must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or-Director (Florida nonprofit corporations must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or-Director (Florida nonprofit corporations must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or-Director (Florida nonprofit corporations must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or-Director (Florida nonprofit corporations must list at least 3 directors)  P. Names and Street Addresses of Each Officer and Florida and	NOTOMIS Flore	Notomis Flacian	65-068-5616 Not Applicable	
Street Addresses of Each Officer and/or Directors  Street Addresses of Each Officer and/or Directors  Street Addresses of Each Officer and/or Directors  Name of Officers and/or Directors  Nam	34275 U.SH.	34275 USH	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
8. 1, being appointed the registered gent 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  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Director Officer and/or Director Officer and/or Director  PROPAGE AGENT MUST SIGN  1. ANNOY L. MARIOUX 23.3 N. RAVENNAST. NotAMNS F. 313  SEC. STEEVEN RADIQUES 4/10 Kennuon  1. ANNOY L. MARIOUX 23.3 N. RAVENNAST. TABKOMIS F. 34925  SEC. STEEVEN RADIQUES 4/10 Kennuon  1. ANNOY L. MARIOUX 34.3 N. RAVENNAST. TABKOMIS F. 34925  1. ANNOY L. MARIOUX 34.3 N. RAVENNAST. TABKOMIS F. 34925  1. ANNOY L. MARIOUX 34.3 N. RAVENNAST. TABKOMIS F. 34925  1. ANNOY L. MARIOUX 34.3 N. RAVENNAST. TABKOMIS F. 34925  1. ANNOY L. MARIOUX 34.3 N. RAVENNAST. TABKOMIS F. 34925  1. ANNOY L. MARIOUX 34.3 N. RAVENNAST. TABKOMIS F. 34925  1. ANNOY L. MARIOUX 34.3 N. RAVENNAST. TABKOMIS F. 34925  1. ANNOY L. MARIOUX 34.3 N. RAVENNAST. TABKOMIS F. 34925  1. ANNOY L. MARIOUX 34.3 N. RAVENNAST. TABKOMIS F. S. I further certify that when film 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 feed overed by the corporation have been paid and the names of individuals listed on this form of not equalify for an exemption under section 119.07(3)(1), 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.  1. ANNOY L. MARIOUX L. MARIOUX L. MARIOUX L. MARIOUX L. ANNOY L. MARIOUX L. MARIOUX L. ANNOY L. MARIOUX L. ANNOY L. MARIOUX L. ANNOY L. ANNOY L. ANNOY L. ANNOY L. ANNOY L. MARIOUX L. ANNOY L. ANNOY L. ANNOY L. ANNOY L. ANNOY L. ANNOY L. MARIOUX L. ANNOY L. ANNOY L. ANNOY L. ANNOY L. ANNOY L. ANNO	Street Address (P.O. Box Number is N	MARZOW	000004920720005 -02/15/02=01005 ******25.25 ******25.25	
Name of Officers and/or-Directors  Street Address of Each Officer and/or Director  RAWDY L. MARNOWARD N. RAVENNAST. Nokonis F1.313  N. RAVENNAST. Nokonis F1.313  Sec. Steven Rabidue T410 Kenwood  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, ES. 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, ES. The information indication on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  Parall Market 12-30-2001  Nokonis F1.3132  No	8. 1, being appointed the registered open 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 Registered Agent MUST SIGN  Date			
PROPERTY Officer and/or Directors  Officer and/or Director  City State 7 Lip  RANDY L. MARIOW 20.3 N. RAVENNAST. TACKMIS F1.3422  Sec. Steven Babidues 1410 Kenwood  Tokkomis F1.3422  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, Fs. I further certify that when filin this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, Fs., 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), Fs. The information indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	Name of	<del></del>	ast 3 directors)	
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SIGNATURE:   Date   Daytime Phone #	this reinstatement application, the reason for dissowed by the corporation have been paid and the on this application is true and accurate, and my sometimes.	solution has been eliminated, the corporate name satisfies names of individuals listed on this form do not qualify for a signature shall have the same legal effect as if made under the same legal effect as if made	provided for in chapter 607 or 617, F.S. I further certify that when filling the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated roath.    12-30-2001   941-588	

Page 2012

## MARLOW CUSTOM FRAMING "Where Quality is No. 1"

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Phone 941-485-3635

Lease worre additional penalties corparation. I disht I have sent in the 6 yrs. Resolution companies Thank flow