PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9600002265

1. Corporation Name

MARLOW CUSTOM FRAMING, INC.

Principal Place of Business

Mailing Address

223 N. RAVENNA STREET

SIGNATURE:

223 N. RAVENNA STREET NOKOMIS EL 34275

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

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If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable							Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt.		Suite, Apt. #,	Suite, Apt. #, etc.			04/23/1996 5. FEI Number Applied For					
City & State)		City & State			65-0685616 Not Applicable					
Zip Country			Zip Countr			' "	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status				
7. Names a	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprof	fit corporations	must list at lea	st 3 directors)				
Title(s)				Street Address of Eacl Officer and/or Directo			City / State / Zip				
PT	MARLOW, RANDY L			223 N. RAVENNA STREET				NOKOMIS FL 34275			
VPT	MARLOW,	RONALD G	223 N. RAVENNA STREET				NOKOMIS FL 34275				
ST	RABIDUE,	STEVEN	410 KENWOOD				NOKOMIS FL 34275				
					10023749231 10/13/03-01059-021 **150.00					<u> </u>	
							Inv For) (12			
8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent				
Name											
MARLOW, RANDY L 223 N. RAVENNA STREET						Street Address (P.O. Box Number is Not Acceptable)					
NOKOMIS FL 34275				Suite, Apt. #, Etc.							
					City			Stat F 1	te Zip Code	,	
	ر.	e registered agent of the abo	ve named corpo	ration, am f	amiliar with an	nd accept the ob	eligations of Section	on 607.0505, F.S. or 617.05	605, F.\$.	, 3	
Signature o Registered	Agent	(William)	CISTERENAC	ENT MUST	SIGNI	· 	 -	Date C	بكركم	<u>い</u>	

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 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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marbow Custom Framing INC. C.E.O + Registeral Cagent RANDY MA 6 Whom it may consern my rosporation did not receive any previous unifer Ausuras seposts. So please wowe the Late penalty + accept my 150.00 for a profit Corporation & Thank you very much. Pease well out (North) my address North havenny To on they will come properly I secured this from my Agign Opp Calist