

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 APR 14 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

DOCUMENT # N980000004412

1. Corporation Name  
Marine Corps League  
E of Melbourn St Apt 900, Inc

200175820632  
04714710--01045--006 \*\*183.75

2. Principal Office Address - No P.O. Box #  
14594 SW 35th Ter Rd

3. Mailing Office Address  
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Ocala, FL

City & State  
Same

Zip Country  
34473-2418 USA

Zip Country  
Same

REINSTATEMENT 08-10

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
593540320

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  
Mary Hazelton

Street Address (P.O. Box Number is Not Acceptable)  
14594 SW 35th Ter Rd

Suite, Apt. #, Etc.

City State Zip Code  
Ocala FL 34473

☒ The 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 Mary A Hazelton

Date 4/13/2010

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
<u>Comdt</u>	<u>David Brown</u>	<u>10733 SE 73rd Ct</u>	<u>Belleview, FL 34420</u>
<u>Secy</u>	<u>Harold Beasly</u>	<u>10 Spring Lake Way</u>	<u>Ocala, FL 34470</u>
<u>Pres</u>	<u>Judy Landenslager</u>	<u>12897 SW 40th Ter</u>	<u>Ocala, FL 34473</u>
<u>CA</u>	<u>Ed Harrison</u>	<u>14050 SE 48th Ave</u>	<u>Summerfield, FL 34491</u>
<u>Asst PM</u>	<u>Mary Hazelton</u>	<u>14594 SW 35th Ter Rd</u>	<u>Ocala, FL 34473</u>
<u>Chp</u>	<u>Charlene Brown</u>	<u>10733 SE 73rd Ct</u>	<u>Belleview FL 34420</u>

10. E-mail Address: AM HAZEL @ AOL.COM

(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: Mary Hazelton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/13/10

Daytime Phone # 352 347-1643

204/15