PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00000015339

1. Corporation Name

MARINUCCI BUILDERS, INC.

Principal Place of Business	Mailing Address
6316 SAN MICHEL WAY DELRAY BEACH FL 33484	6316 SAN MICHEL WAY DELRAY BEACH FL 33484

FILED

02 FEB 27 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-02 UBR

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	4. Date Incorporated or Qualified To Do Business in Florida 02/14/2000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0981270 / Applied For / Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐ / $8.75 Additional Fee required for a Certificate of Status
Zip / Country	Zip / Country	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	MARINUCCI, ROBERT R	6316 SAN MICHEL WAY	DELRAY BEACH FL 33484
			200005257222--7 -04/12/02--01048--021 ****300.00 ****300.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	Name ANDREW KRAMER C.P.A. Street Address (P.O. Box Number is Not Acceptable) 8211 W. BROWARD BLVD Suite, Apt. #, Etc. PH-2 City PLANTATION / State FL / Zip Code 33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ (REGISTERED AGENT MUST SIGN)   Date 1/29/02

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: X _Robt. Marinucci_   ROBERT MARINUCCI, PRES.   1/29/02   561-637-8550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E040 (8/01)

MARINUCCI BUILDERS, INC.
6316 SAN MICHEL WAY
DELRAY BEACH, FLORIDA 33484

January 29, 2002

Department of State
Division of Corporations –
Annual Report/Reinstatement Section
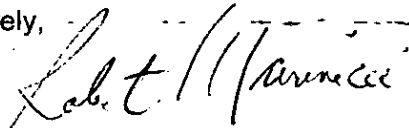P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Marinucci Builders, Inc.
EIN 65-0981270
Document # P00000015339

Gentlemen:

As the owner and sole director of the above referenced corporation, I am writing you to request reinstatement of this corporation. I am requesting a waiver of any reinstatement fees for 2001 based upon the following reasons. I never received my 2001 Annual Report. This is the first time I have ever owned and operated a corporation, and I was not aware of this annual filing requirement. I would have filed the Annual Report if I had received it, but that was not the case. My accountant has since brought the annual filing requirement to my attention. I will file the Uniform Business Reports for future years in a timely manner (on or before May 1).

I have enclosed a completed Application for Reinstatement along with a check for $300 payable to the Department of State representing the annual fees for the years 2001 and 2002. Based upon the above information, please reinstate my corporation and grant me the waiver of reinstatement fees. Thank you in advance for your cooperation.

Sincerely,

Robert Marinucci

Enclosures