

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV 12 PM 12:55

DOCUMENT # P00000017763

1. Corporation Name

Marsan Phoenix Real Estate Company
7638 Clementine Way
7638 Clementine Way

2. Principal Office Address

7638 Clementine Way

3. Mailing Office Address

7638 Clementine Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando

City & State

Orlando

Zip

32819

Country

USA

Zip

32819

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/15/2000

5. FEI Number

59-3630121

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

01-04

7. Name and Address of Current Registered Agent

Name

Marge Sanchez

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

7638 Clementine Way

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code
32819

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

REGISTERED AGENT MUST SIGN

Date

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
P/S/D	Marge Sanchez	7638 Clementine Way	Orlando, Florida 32819

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:

Marge Sanchez, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/2004
Date

4073250298
Daytime Phone #

CR20081 (01/04)

11/18/04