

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 11 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000046513

Corporation Name
Marshier Enterprises, Inc.

REINSTATEMENT 01-02

100008307851--8
-10/10/02--01057--005
***908.75 ***908.75

2. Principal Office Address 22 Avenida Menendez		3. Mailing Office Address 22 Avenida Menendez	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Augustine, FL		City & State St. Augustine, FL	
Zip 32084	Country USA	Zip 32084	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 05/09/2000	
5. FEI Number 59-3642759	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Sherri L. Crews		
Street Address (P.O. Box Number is Not Acceptable) 22 Avenida Menendez		
Suite, Apt. #, Etc.		
City St. Augustine	State FL	Zip Code 32084

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 *Sherri L. Crews* Date 10/8/02
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
P	Sherri L. Crews	22 Avenida Menendez	St. Augustine, FL 32084
S/T	Marshall H. Crews Jr.	22 Avenida Menendez	St. Augustine, FL 32084

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 *Sherri L. Crews* Sherri L. Crews Date 10/8/02 Daytime Phone # 904-829-2915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

g 10/10/02