

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1.2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 5:56

DOCUMENT # P00000081878

1. Corporation Name

MARSELL'S SOMETHING SPECIAL, INC.

Principal Place of Business

Mailing Address

1255 BELLE AVE., STE. 477
WINTER SPRINGS FL 32708

1255 BELLE AVE., STE. 477
WINTER SPRINGS FL 32708



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

08/24/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MARSELL, LAURIE	1255 BELLE AVE., STE. 177	WINTER SPRINGS FL 32708

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARSELL, LAURIE

1255 BELLE AVE., STE. 177
WINTER SPRINGS FL 32708

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Laurie A. Marsell

REGISTERED AGENT MUST SIGN

Date

10/19/01 AD

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:

Laurie A. Marsell Laurie A. Marsell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/01

Date

407-899-9003

Daytime Phone #

CR20040 (8/01)

- 2.

Marsell's Something Special
1255 Belle Ave. Ste 113
Winter Springs, FL 32708

October 19, 2001

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I never received the letter you sent requesting my FEI number on Feb 9, 2001. I have included that number on this application. Your rep said that you have received my \$150.00 check on Feb 1, 2001, and that no further steps are needed to continue our corporation.

Sincerely,

Laurie A. Marsell President