2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000106350

1. Entity Name
MAREMARC INC.

FILED
09 JUN -2 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~10212 SW 183 ST~~ 10664 SW 186 ST
MIAMI, FL 33157

Mailing Address
~~10212 SW 183 ST.~~ 10664 SW 186 ST
MIAMI, FL 33157

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

05262009 REIN-P CR2E098 (1/07)

4. FEI Number
65-1077703
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FINKLEY, MARY E
8950 CARIBBEAN BLVD
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable **(NOTE: Registered Agent signature required when reinstating)** DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FINKLEY, MARY E		NAME	800156665658 06/02/09--01008--004 **300.00	
STREET ADDRESS	8950 CARIBBEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FAIRFAX, MARCIA G		NAME		
STREET ADDRESS	11860 SW 204 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	REINSTATEMENT	☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary E. F. 5/26/09 (305) 254-4829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #