

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 28 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000113441

1. Corporation Name

MARLEY & SCROOGE, INC.

Principal Place of Business

~~451 SURFSIDE LANE~~
JUNO BEACH FL 33408

Mailing Address

~~451 SURFSIDE LANE~~
JUNO BEACH FL 33408



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~2400 Bay Village Ct.~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~2400 Bay Village Ct.~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/2000

5. FEI Number

65-1083809

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

~~Palm Beach Gardens, FL~~

City & State

~~Palm Beach Gardens, FL~~

Zip

33410

Country

USA

Zip

33410

Country

USA

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
D	PINNA, TERRY J	451 SURFSIDE LANE 2400 Bay Village Ct.	JUNO BEACH FL 33408 Palm Beach Gardens 33410

8. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.

941 FOURTH STREET #200

MIAMI BEACH FL 33139

~~Terry Pinna~~

~~2400 Bay Village Ct.~~

~~Palm Beach Gardens~~

~~33410~~

9. Name and Address of New Registered Agent

Name

~~Terry Pinna~~

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

~~2400 Bay Village Ct.~~

Suite, Apt. #, Etc.

City

~~Palm Beach Gardens~~

State

~~FL~~

Zip Code

~~33410~~

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. or 617.0505, F.S.

Signature of
Registered Agent

~~Terry Pinna~~
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

~~1/15/03~~

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:

~~Terry Pinna~~
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

~~1/15/03~~

Daytime Phone #

~~561 801-3467~~

CR2E040 (8/02)

1/15/03

Re: Mailing & SCROOGE, INC

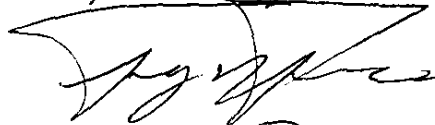
FEI 65-1083809

To Whom It May Concern:

I Received Application For Reinstatement From The Florida Department Of State. As I Have Not Received Any Letters From The State Regarding Renewal Of my corporation most likely Because I Have Moved, I Have corrected The New Address and New Registered Agent.

I am Enclosing a Check for \$300.⁰⁰ - Which Represents Fees For Years 2002 and 2003. IF you Have any questions Please Contact me By Letter at my changed address or contact me personally at 561-801-3467.

THANK YOU.



Terry V. Pina, Pres