PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000048432

1. Corporation Name
Marlee Inc.

2. Principal Office Address - No P.O. Box #
699 S. Federal Hwy
Suite, Apt. #, etc.
City & State
Deerfield Beach FL
Zip 33441 Country US

3. Mailing Office Address
699 S. Federal Hwy.
Suite, Apt. #, etc.
City & State
Deerfield Beach FL
Zip 33441 Country US

CR2E081 (11/10)

2016 DEC 29 P 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 05/09/2001

5. FEI Number 65-1104888 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name
Helen Mavromatis
Street Address (P.O. Box Number is Not Acceptable)
1105 SE 14 Ct.
Suite, Apt. #, Etc.
City Deerfield Beach State FL Zip Code 33441

400292757534
11/29/16--01028--005 **1050.00

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 H Mavromatis
REGISTERED AGENT MUST SIGN
Date 11-18-16

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
D	Helen Mavromatis	1105 SE 14 Ct.	Deerfield Beach FL 33441
T	Mathew Mavromatis	699 S. Federal Hwy	Deerfield Beach FL 33441
S	Emmy Louvaris	699 S. Federal Hwy	Deerfield Beach FL 33441
REINSTATEMENT 2014-2016		DEC 30 2016 C. CARROTHERS	S. HAWKES NOV 29 A.M. EXAMINER

10. E-mail Address: karen@ohlintax.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: H Mavromatis 11-18-16 954-428-7464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #