PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1032

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000070148

1. Corporation Name

MARSHALL INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

3332 PAISLEY CIR

3332 PAISLEY CIR

SECRETARY OF STATE DIVISION OF CORPORATIONS 03 NOV 14 AM 8:00

ORLANDO FL 32817			ORLANDO FL 32817			T TOURISH IN COLOR HOLE COLD COLOR C				
					REIN	STATEMI	EN		3_	
New Principal Office Address, If Applicable 3. New			v Mailing Office Address, If Applicable		To Do Busi	inocc in Elorida		1010001	000	
Suite, Apt. #, etc. Suite,			uite, Apt. #, etc.			Mary Mary Agency . Sugar	07/			
City & State City 8			/ & State			59-3740358				
Country Zip		Zip		Country	6. CERTIFICATE OF STATUS DESIRED			\$8.75 Additional Fee required for a Certificate of Status		
and Street Ad	Ldresses of Each Officer a	nd/or Director (Flo	orida nonpro	I ofit corporations must list at I	east 3 directors)					
Title(s) Name of Officers and/or Directors			3	Street Address of Ea	ch	City / State / Zip				
MARSHALL, JOHN			3332 PAISLEY CIR			ORLANDO FL 32817				
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8. Name and Address of Current Registered Agent					9. Name and	Address of New Regist	ered A	gent		
			يتمالي	Name						
CARLIN, PHILIP A 1255 SWOOPE AVE STE 104					Street Address (P.O. Box Number is Not Acceptable)					
				Suite, Apt. #, E	tc.			<u> </u>		
				City				Zip Code		
appointed the		above named corp	oration, am	familiar with and accept the	obligations of Sec	tion 607.0505, F.S. or 61	7.0505	, F.S.		
	addresses are incipal Office / #, etc. and Street Add 2 MARSHALI 8. Nam N, PHILIP A SWOOPE AV	addresses are incorrect in any way, line incipal Office Address, If Applicable #, etc. Country and Street Addresses of Each Officer and Name of Officers and/or Directors MARSHALL, JOHN 8. Name and Address of Currently N, PHILIP A SWOOPE AVE STE 104 NDO FL 32817	addresses are incorrect in any way, line through incorrect incipal Office Address, If Applicable #, etc. Country Zip	addresses are incorrect in any way, line through incorrect information incipal Office Address, if Applicable #, etc. Suite, Apt. #, etc.	addresses are incorrect in any way, line through incorrect information and enter correction below. Incipal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. etc. Suita, Apt. #, etc. City & State Country Zip Country and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at 1 officer and/or Directors Name of Officers and/or Directors 3. Street Address of Each Officer and/or Director MARSHALL, JOHN 3332 PAISLEY CIR Name N, PHILIP A SWOOPE AVE STE 104 NOOFL 32817 City pappointed the registered agent of the above named corporation, am familiar with and accept the	Addresses are Incorrect in any way, line through incorrect information and enter correction below. A. Date Incorrect in any way, line through incorrect information and enter correction below. A. Date Incorrect in Country A. Date Incorrect in	REINSTATEM	REINSTATEMEN Relative Addresses are incorrect in any way, line through incorrect information and enter correction below. Relative Address, if Applicable 3. Now Mailing Office Address, if Applicable 5. FEI Number 59-3740358 6. Certificate of Status Desires Country Zip Country Zip Country Tip Country Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Directors 3 Street Address of Each Officer and/or Director Q RIANDO FL 32817 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Suite, Apt. #, Etc. City State Fig. Fig.	REINSTATEMENT A. Date Incorporated or Qualified and O7/16/2001 A. Date Incorporate or Qualified and O7/16/	

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

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-03

Daytime Phone #

CR2E040 (7/

Marshall International, Inc.

P.O. Box 781313 Orlando, Fl 32878-1313

October 31, 2003

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Re: Marshall International, Inc. P01000070148

To Whom It May Concern:

This corporation has no record of receiving notices regarding the filing of the Uniform Business Report.

Enclosed is our check for \$150. Please waive the reinstatement fee in light of the above.

Sincerely,

John Marshall