

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000114141

1. Corporation Name

MARIE POWELL & COMPANY, INC.

Principal Place of Business

875 PASADENA AVE.
SUITE A
ST. PETERSBURG FL 33707

Mailing Address

875 PASADENA AVE.
SUITE A
ST. PETERSBURG FL 33707

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/2001

5. FEI Number

59-3758608

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	POWELL, MARIE S	875 PASADENA AVE SOUTH	ST. PETERSBURG FL 33707
CS	POWELL, JOHN G	875 PASADENA AVE SO.	ST. PETERSBURG FL 33707

900008551239
10/23/02--01095--002 **750.00

8. Name and Address of Current Registered Agent

POWELL, JOHN G
875 PASADENA AVE SOUTH
SUITE A
ST. PETERSBURG FL 33707

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-22-02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN G. Powell Secretary 727-341-0000
Date Daytime Phone #

FILED

02 OCT 23 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2040 (8/02)