

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 21 PM 2:39

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000032538

1. Corporation Name

MARK CARON, INC.

2. Principal Office Address

981 OYSTER SHELL LN 981 OYSTER SHELL LN

Suite, Apt. #, etc.

3. Mailing Office Address

981 OYSTER SHELL LN

Suite, Apt. #, etc.

City & State

VERO BCH, FL.

Zip

32963

Country

City & State

VERO BCH, FL.

Zip

32963

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

71-08 734 85

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

MARK CARON

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

981 OYSTER SHELL LANE

Suite, Apt. #, Etc.

500023966585

10/21/03-01050-006 **150.00

City

VERO BEACH

State

FL

Zip Code

32963

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

Mark Caron

Date

10-8-03

REGISTERED AGENT MUST SIGN

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
PRES	MARK CARON	981 OYSTER SHELL LN	VERO BCH, FL. 32963

10. 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:

Mark Caron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-03

Date

712-633-2059

Daytime Phone #

CR2E061 (10/02)

Mark Caron, Inc
Mark Caron
981 Oyster Shell Lane
Vero Beach, FL. 32963
Cell: 772-633-2059

October 8, 2003

Department of Corporations
Division of Corporations
409 East Gaines Street
Tallahassee, FL. 32399

RE: Reinstatement of Corporation
Mark Caron, Inc.
Document Number: P02000032538

To whom it may concern,

Please find attached my corporate application for reinstatement for the above referenced corporation. I did not receive my first notice which resulted in this over-site.

If you have any questions, please feel free to contact the undersigned at the number above.

Very truly yours,


MARK CARON
President

encl:
cc: file