

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000033537

1. Entity Name
MARATHON JET CENTER, INC.



FILED

07 NOV 16 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8800 OVERSEAS HWY
MARATHON, FL 33050

Mailing Address
8800 OVERSEAS HWY
MARATHON, FL 33050

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11132007 REIN-P

CR2E098 (1/07)

01

4. FEI Number
82-0538071

Applied For
Not Applicable

5. Certificate of Status Desired **XX** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, ROBERT K ESQ
2975 OVERSEAS HWY
MARATHON, FL 33050

Name
Richard E. Warner, Esq.
Street Address (P.O. Box Number is Not Acceptable)
12221 Overseas Highway
City
Marathon **FL** Zip Code
33050

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard E. Warner

Richard E. Warner, Esq.

11/13/2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EHRHORN, WILLIAM
8800 OVERSEAS HWY
MARATHON, FL 33050 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900112375849
11/16/07--01024--012 ****758.75** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Ehrhorn

William Ehrhorn, Director **11/13/2007** **305-743-1995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #