

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P02000061024**

1. Entity Name  
**MARNER, INC.**



FILED

04 NOV 12 PM 2: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11022004 REIN-P CR2E098 (6/04)

Principal Place of Business  
2899 COLLINS AVE #1448  
MIAMI BEACH, FL 33140

Mailing Address  
2899 COLLINS AVE #1448  
MIAMI BEACH, FL 33140

2. Principal Place of Business  
**2903 Collins Ave**

3. Mailing Address  
**1184 Main Ave**

Suite, Apt. #, etc.  
**200**

City & State  
**Miami Beach, FL**

City & State  
**Clifton**

Zip  
**33140**

Country  
**NJ**

Country  
**Passaic**

4. FEI Number  
**03-0455484**

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

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

MARCARIAN, JOSE  
2899 COLLINS AVE #1448  
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, 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	P MARCARIAN, JOSE 2899 COLLINS AVE. MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600042692096</b> <b>11/12/04--01042--009 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARNER, INC  
2899 COLLINS AVE  
MIAMI BEACH, FL 33140  
PH: 305-673-0409

November 2, 2004

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To Whom It May Concern:


I hereby inform you that I am submitting the annual report after the due date, for the reason that we did not receive any prior notice before the notice of dissolution or revocation.

Enclose please find the 2004 corporation reinstatement form along with the check for the amount of \$ 150 in order to reinstate this corporation.

I thank n advance for your assistance, if you any question you can contact my accountant Alfredo Otero, telephone # 973-340-4499 to discuss any problem or question you can have.

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Sincerely,

  
Jose Marcarian, President