PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P02000087092

1. Corporation Name

MARKER 9 RANCH, INC.

Principal Place of Business

Mailing Address

97 N. ORANGE AVENUE SUITE 210

97 N. ORANGE AVENUE

ORLANDO EL 22901-

SUITE 210 OBLANDO-FL 3280

REINSTATEMENT 03
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FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

If above a	ddresses are incorrect in any way, line th	rough incorrect in	formation and	t enter correction below		SAILING	N 03	
2. New Prin	ncipal Office Address, If Applicable	ng Office Address, If Applicable 4. Date To D		4. Date Incor	ncorporated or Qualified Business in Florida 08/12/2002			
Suite, Apt. #	♯, etc.	Suite, Apt. #,	etc.		5. FEI Numbe	er	Applied For	
	ermere FL		ermu		6.	71-08987	Not Applicable	
3478	36 Country USB	3472	86	U)A	CERTIFICAT	TE OF STATUS DESIRED 🗌	\$8.75" Additional Fee required for a Certificate of Status	
7. Names a	nd Street Addresses of Each Officer and	or Director (Flori	ida nonprofit	corporations must list at	least 3 directors)			
Title(s)	Name of Officers and/or Directors		3	Street Address of E Officer and/or Direc		City	/ State / Zip	
President	Robert L. KAZ	AROS 12238 F		8 PAKK AUG	uue	WINDARMARI	e, Rl 34086	
Sec.								
•								
	 							
8. Name and Address of Current Registered Agent					9. Name and	Name and Address of New Registered Agent		
STANTON, A.J. JR.					Kobert L. KAZAROS			
37 N. ORANGE AVENUE				122	Street Address (P.O. Box Number is Not Acceptable)			
SUITE 2	7 \			Suite, Apt. #, £	ic.			
ORLANDO FL 32801				WIND RRMCRL State Zip Code FL 34786			State Zip Code FL 34786	
10. I, being	appointed the registered agent of the abo	ve named corpor	ation, am fam	niliar with and accept the	obligations of Sec	tion 607.0505, F.S. or 617.		
Signature of	August Massal Kar	PSEE.	RE(Data 10/25/	1 ₀ 3	

REGISTERED AGENT MUST SIGN

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 filling 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:

24/63 437/421-149/ Date Daytime Pilone #

RLK

12/9/03

DIVISION OF COMPONATIONS FIR Dept of STATE

RE: REINSTATEMENT

PIG. DADDY'S INC.
MARICIR 9 RANCH, JNC.

ENCLOSED is My Application For Reinstalent For the Two Companies references Above. I Dio Not receive the oribinal Notice UNIForm Business Report.

Robert L. KAZAKOS, President

12238 PARK AVENUE WINDERMERE, FL 34736

Phone 407/421-1495