

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 30 PM 1:53

DOCUMENT # **PD2000123982**

1. Corporation Name

Marine Merchandise, Inc

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

200056635602
06/29/05--01007--001 **300.00

200056635602
06/29/05--01007--002 **150.00

REINSTATEMENT 03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. EFL Number

N/A

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

Ron Vargas

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

812 SW 10th St

Suite, Apt. #, Etc.

City

Hallandale

State

FL

Zip Code

33009

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

Ron Vargas

REGISTERED AGENT MUST SIGN

Date

4/4/05

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
Director	Miriam Jasmin Flores	2113 N Lincoln Ave	Tamp, FL 33607

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 19.07(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:

Miriam J. Flores

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05

Date

Daytime Phone #

CR2E081 (01/05)

2082

~~Mitchell J. Howard~~

~~CERTIFIED MAIL ACCOUNTANT~~

February 25, 2005

Department of State
Division of Corporations
P. O. Box 6198
Tallahassee, FL 32314

Re: Marine Merchandise, Inc.
Form/Period: Annual Report, 2003, 2004

Dear Sir or Madam:

I write on behalf of the above referenced taxpayer, specifically to address the enclosed late filing of the Annual Business Report.

The taxpayer did not receive the form via US Mail. However, the address of record is correct. I respectfully request that you consider waiving the penalty that normally follows in this situation for the years referenced above, as the penalty is a financial hardship.

Your consideration toward this matter is greatly appreciated. Please issue a closing letter directly to the taxpayer upon your determination.

Enclosed is the \$300.00 payment for 2003 and 2004.

If you should have any questions, please do not hesitate to call my office.

Sincerely,

Mitchell J. Howard

Mitchell J. Howard