


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

08 MAR -4 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000039367

1. Corporation Name

MARKIE INC

2. Principal Office Address - No P.O. Box #

6336 HOFSTRACT

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

FT. MYERS FL

City & State

Zip

33919

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2003

5. FEI Number

043740237

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

PAUL W. MARKIE

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

6336 HOFSTRACT

Suite, Apt. #, Etc.

City

FT. MYERS FL

State

FL

Zip Code

33919

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Paul W. Markie

Date

2-28-08

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	PAUL MARKIE	6336 HOFSTRACT	FT. MYERS FL 33919
VICE	CHIP RHODIA	14472 LAKWOOD TRAIL	FT. MYERS FL 33919

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03/04/08--01025--021 **1058.75

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 contained in Chapter 119, 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:

Paul W. Markie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-08

Date

239-565-4857

Daytime Phone #