

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 28 PM 3:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P03000093958

1. Corporation Name

MARCIA J. FARQUHARSON AGENCY, INC.

900163977069
12/28/09--01034--014 **300.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 8910 MIRAMAR PARKWAY		3. Mailing Office Address SAME	
Suite, Apt. #, etc. 210		Suite, Apt. #, etc.	
City & State MIRAMAR		City & State	
Zip 33025	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 08/27/2003	
5. FEI Number 20-0212436	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name MARCIA J. FARQUHARSON			
Street Address (P.O. Box Number is Not Acceptable) 8910 MIRAMAR PARKWAY			
Suite, Apt. #, Etc. 210			
City MIRAMAR	State FL	Zip Code 33025	

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: *[Signature]* Date: **DECEMBER 12, 2009**

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
PTS	MARCIA J. FARQUHARSON	8910 MIRAMAR PARKWAY STE 210	MIRAMAR FL 33027

REINSTATEMENT **RH**

10. E-mail Address: _____ (To be used for future annual report notification)

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 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. I further certify, 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: *[Signature]* **MARCIA J. FARQUHARSON** **12/10/09** **954-472-9144**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #