

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED


08 FEB 13 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

dy 2.15.08

REINSTATEMENT 06-08

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name
C. MARKUM INC. P04000022014

2. Principal Office Address - No P.O. Box # 1925 Eclipse Drive Suite, Apt. #, etc.		3. Mailing Office Address 1925 Eclipse Drive Suite, Apt. #, etc.	
City & State Middleburg, FL.		City & State Middleburg, FL.	
Zip 32068	Country U.S.	Zip 32068	Country U.S.

4. Date Incorporated or Qualified To Do Business in Florida 01/04

5. FEI Number 20-0779649	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Christopher Markum

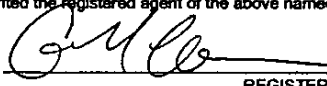
Street Address (P.O. Box Number is Not Acceptable)
1925 Eclipse Drive

Suite, Apt. #, Etc.

City Middleburg, FL.	State FL	Zip Code 32068
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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  Date **02/11/08**


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
D	Christopher Markum	1925 Eclipse Drive	Middleburg, FL. 32068

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02/13/08--01028--016 **458.75

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:  **Christopher Markum** **02/11/08** **(904)860-1360**

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