

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

09 AUG 25 PM 3:15

DOCUMENT # P04000029970

1. Corporation Name

MARDEA, INC.

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

5420 Hollywood Blvd.

Suite, Apt. #, etc.

209

City & State

Hollywood, FL

Zip

33021

Country

USA

3. Mailing Office Address

5420 Hollywood Blvd.

Suite, Apt. #, etc.

209

City & State

Hollywood, FL

Zip

33021

Country

USA

700153894977
08/25/09--01003--007 **600.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 02/12/2004

5. FEI Number 352224951

☐ 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

Dean A. Schuhknecht

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

5420 Hollywood Blvd.

Suite, Apt. #, Etc.

209

City

Hollywood,

State

FL

Zip Code

33021

☒ 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

Dean A. Schuhknecht

Date 08/20/2009

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
P/S	Dean A. Schuhknecht	5420 Hollywood Blvd., # 209	Hollywood, FL 33021
V/T	MaryAnn L. Schuhknecht	5420 Hollywood Blvd., # 209	Hollywood, FL 33021

REINSTATEMENT, 06-09

B. 8/26/09

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:

Dean A. Schuhknecht

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dean A. Schuhknecht

08/20/2009

Date

954 961-5023

Daytime Phone #