2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000037101

1. Entity Name
MARVLE INC

FILED
07 SEP 19 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08162007 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
4015 GEM LAKE DRIVE WEST PALM BEACH, FL 33406	4015 GEM LAKE DRIVE WEST PALM BEACH, FL 33406

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
20-0846174
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PUSTELNIKOVA, EVA
4015 GEM LAKE DRIVE
WEST PALM BEACH, FL 33406

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 9/18/07
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLACKY, VLADIMIR 4015 GEM LAKE DRIVE WEST PALM BEACH, FL 33406	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition 400109550304 09/19/07--01048--002 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLACKY, MARIE 4015 GEM LAKE DRIVE WEST PALM BEACH, FL 33406	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition 400109550304 09/19/07--01048--003 **8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PUSTELNIKOVA, EVA 4015 GEM LAKE DRIVE WEST PALM BEACH, FL 33406	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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REINSTATEMENT 06-07 RS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 9/18/07 (561) 876-8393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #