

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 SEP 22 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000037972

1. Corporation Name

Marius A. Negrin, Inc.

2. Principal Office Address

5996 Hillyer Ct.

3. Mailing Office Address

P.O. Box 251

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Ft. Myers, FL

City & State

Sarasota

Zip

33903

Country

Lee

Zip

34230

Country

Sarasota

4. Date Incorporated or Qualified  
To Do Business in Florida

03/01/04

5. FEI Number

20-0837224

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

Corporate Registered Agent, LLC

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

5147 Castello Drive

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34103

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

9/21/06

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
PSTD	Marius A. Negrin	5996 Hillyer Ct.	N Fort Myers/FL/33903

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marius A. Negrin

Date

9/21/2006

Daytime Phone #

941-915-3569