

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000082443

Entity Name: MARCI SCHULKIN, INC.

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4965 N. HEMINGWAY CIRCLE  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

4965 N. HEMINGWAY CIRCLE  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 20-1160460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHULKIN, MARCI  
4965 N. HEMINGWAY CIRCLE  
MARGATE, FL 33063 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: MARCI SCHULKIN

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MS  
Name: SCHULKIN, MARCI R  
Address: 4965 N. HEMINGWAY CIRCLE  
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: O MARCI SCHULKIN

O

03/17/2010

Electronic Signature of Signing Officer or Director

Date