

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

10 JUN 10 PM 4:57

DOCUMENT # P04000100024

1. Corporation Name

Maraman Construction Inc.

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

191 Wrightcircle

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Niceville FL.

City & State

Zip

Country

32578

USA

Zip

Country

900181951653  
06/10/10--01026--017 \*\*1050.00

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

7-2-04

5. FEI Number

20-1444670

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

Jonathan Duke Maraman

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

191 Wright Circle

Suite, Apt. #, Etc.

City

Niceville

State

FL

Zip Code

32578

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

*Jonathan Duke Maraman*  
REGISTERED AGENT MUST SIGN

Date 6-8-10

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	Jonathan Duke Maraman	191 Wrightcircle	Niceville FL 32578

10. E-mail Address: duke@peytoninspection.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Jonathan Duke Maraman*

Jonathan Duke Maraman

6-8-10 (850) 685-1548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #