

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000104511

1. Entity Name
MARION PROPERTIES, INC.



Principal Place of Business
2300 S PINE AVE
ORLANDO, FL 34471

Mailing Address
2300 S PINE AVE
ORLANDO, FL 34471

FILED
06 JAN 17 PM 12:30

RECEIVED
JAN 17 2006



01072006 REIN-P CR2E098 (11/05)

2. Principal Place of Business
311 NE 47TH COURT
Suite, Apt. #, etc.

3. Mailing Address
311 NE 47TH COURT
Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA
Zip
34470
Country
UNITED STATES

City & State
ORLANDO, FLORIDA
Zip
34470
Country
UNITED STATES

4. FEI Number
20-1420917
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STEIN, GLENN
2300 S PINE AVE
ORLANDO, FL 34471

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
311 NE 47TH COURT
City
ORLANDO FL Zip Code
34470

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 _____ (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
TITLE
NAME
D
STEIN, GLENN
STREET ADDRESS
2300 S PINE AVE
CITY-ST-ZIP
ORLANDO, FL 34471 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
GLENN STEIN
STREET ADDRESS
311 NE 47TH COURT
CITY-ST-ZIP
ORLANDO, FLORIDA 34470 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600065286516
02/06/06--01057--005 ***300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
0000000000000000
02/02/06--01057--005 ***300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Glenn Stein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # (352)-624-2383