


2005 FOR PROFIT CORPORATION REINSTATEMENT

OS Rev

DOCUMENT # P04000144074		
1. Entity Name MARLY TOURS CORP.		

FILED
05 NOV 29 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7348 CROOKED LAKE CIRCLE ORLANDO, FL 32818	Mailing Address 7348 CROOKED LAKE CIRCLE ORLANDO, FL 32818
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11022005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent	
MONTAS, JEAN-MARTHELY 7348 CROOKED LAKE CIRCLE ORLANDO, FL 32818	

4. FEI Number 07-3809882	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

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: Jean M. Montas	DATE: 11/8/05

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTAS, JEAN MARTHELY 7348 CROOKED LAKE CIRCLE ORLANDO, FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400061443034 11/15/05--01060--003 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jean M. Montas	DATE: 11/8/05