

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAR 14 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200095148432
03/28/07--01021--012 **450.00

REINSTATEMENT
CR2E081 (1/07) 05-07

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000162268

1. Corporation Name

Marlu Builders, Inc.

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

551 Burns Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

551 Burns Ave.

Suite, Apt. #, etc.

City & State

Lake Wales, FL.

City & State

Lake Wales, FL.

Zip

33853

Country

Polk, USA

Zip

33853

Country

Polk, USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/2004

5. FEI Number

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

Luis E. Marquez

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

551 Burns Ave.

Suite, Apt. #, Etc.

City

Lake Wales, FL.

State

FL

Zip Code

33853

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Luis E. Marquez

REGISTERED AGENT MUST SIGN

Date 3/13/2007

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
<u>P</u>	<u>Luis E. Marquez</u>	<u>551 Burns Ave.</u>	<u>Lake Wales, FL. 33853</u>

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:

Luis E. Marquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2007
Date

863-221-4303
Daytime Phone #

B. Mitchell MAR 14 2007