2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000026479 1. Entity Name RUSSELL A. MARSH, INC.								SECTION AND AND AND AND AND AND AND AND AND AN	•	•••		
Principal Place 85071 OLD S YULEE, FL 3	STEVENS LA		Mailing Address 85071 OLD STEVENS LANE YULEE, FL 32097			F			en III	T	<i>0</i> 6	
2. Principal Place of Business 85071 OLD STEVENS UNE 85071 OLD STEVENS						4WE						
Suite, Apt.			Suite, Apt. #, etc.				272006	RÉIN-P	CR2E098	· · · · · · · · · · · · · · · · · · ·		
YULE &	FL		YULEE, FL			4.	76 -	0781213		No	plied For t Applicable	
32047-	8419 USA		32097-8419 W		· · · · · · · · · · · · · · · · · · ·			of Status Desired	□ Fe	8.75 Add e Required		
Name and Address of Current Registered Agent						Name MARSH, RUSSEL A.						
MARSH, RUSSELL A 85071 OLD STEVENS LANE YULEE. FL 32097						Street Address (P.O. Box Number is Net Acceptable) ANE						
70000,71	02001				City 1	15		.		De- Code	27 04	
			the purpose of changing its r	egister	Y	r registered a	gent, or bot	th, in the State of Florid	FL , da. I am far	niliar with,	and accept	
the obligations of registered agent. SIGNATURE WILL WILL STORM ST												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE												
		FEE IS \$150.00 107, Fee will be \$300.00				In accordance wit corporation did no						
10.		OFFICERS AND I		11.		·	ODITIONS/	CHANGES TO OFFIC				
TITLE NAME	PDS MARSH,	RUSSELL A	Delete	NAM		DPT MARSH	. Rus.	SELL A.	_	E -Change	☐ Addition	
STREET ADDRESS CITY+ST-ZIP	85071 OL YULEE, F	D STEVENS LANE L 32097			EET ADDRESS '- \$1 - ZIP	85071 YULEE	OLD	STEVENS (A 32097 -	NE 8419	}		
TITLE NAME	VD MARSH,	AMY D	☐ Delete	TITL		DVS MARIH	•	ν Ъ .	,	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1	.D STEVENS LANE		STRE	EET ADDRESS '- ST-ZIP	85071 YULE	' OLD	STEVENS U		1		
TITLE	,		☐ Delete	TITU		7.00			[Change	Addition	
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TITLE			☐ Delete	TITL					[Change	☐ Addition	
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CITY-ST-ZIP	<u> </u>		Delete	CITY	/-ST-ZIP .E					☐ Change	Addition	
NAME			_ 55555	NAM	AE EET ADDRESS							
STREET ADDRESS CITY-ST-ZIP				CITY	r-ST-ZIP							
12. Thereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone :												