

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 DEC 18 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000036268

1. Corporation Name

MARATHON ALL SERVICE INC.

12.2007

REINSTATEMENT 06-07

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

2408 N. DIXIE Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

WILTON MANORS, FL

Zip

33305

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/09-2005

5. FEI Number

20-4000423

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

NILDA GIBBINGS

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

9201 N.W. 21st MANOR

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33322

☒ 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

Nilda Gibbings

REGISTERED AGENT MUST SIGN

Date 12/14/2007

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | RAMON CARRION                        | 20850 SAN SIMEON WAY #209                         | MIAMI, FL 33179    |
| VP     | MARIA V CARRION                      | 20850 SAN SIMEON WAY #209                         | MIAMI, FL 33179    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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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:

Ramon Carrion

RAMON CARRION

12/14/2007

305 401-8656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #