


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 FEB 14 AM 8:43


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *06-07*

DOCUMENT # P05000041819 1. Entity Name MARJOVEC ENTERPRISES, INC.	
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Principal Place of Business 2929 E. COMMERCIAL BLVD. PENTHOUSE AB FT. LAUDERDALE, FL 33308	Mailing Address 2929 E. COMMERCIAL BLVD. PENTHOUSE AB FT. LAUDERDALE, FL 33308
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2. Principal Place of Business - No P.O. Box # 3000 N. University Dr. Suite, Apt. #, etc. Suite I City & State Coral Springs FL. Zip Country 33065 USA	3. Mailing Address 3000 N. University Dr. Suite, Apt. #, etc. Suite I City & State Coral Springs FL. Zip Country 33065 USA
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02132007	REIN-P	CR2E098 (1/07)
4. FEI Number	<input checked="" type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VECCHIO, JOSEPH A JR 2929 E. COMMERCIAL BLVD. PENTHOUSE AB FT. LAUDERDALE, FL 33308 <i>Vecchio</i>	7. Name and Address of New Registered Agent Name JOSEPH A. VECCHIO, JR. Street Address (P.O. Box Number is Not Acceptable) 3000 N. University Dr. - Suite I City State Zip Code CORAL SPRINGS FL 33065
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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: *[Signature]* DATE: **2/13/07**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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	
TITLE	PD MARCARIO, JOSEPH <input type="checkbox"/> Delete
NAME	2929 E. COMMERCIAL BLVD. PH-AB
STREET ADDRESS	FT. LAUDERDALE, FL 33308
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH MARCARIO
STREET ADDRESS	3000 N. University Dr. - Suite I
CITY-ST-ZIP	Coral Springs, Florida 33065
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100088982061
STREET ADDRESS	02/22/07--01001--011 **308.75
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* DATE: **2-13-07** 954-510-7484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #