2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 05, 2009
Secretary of State

DOCUMENT# P05000161321

Entity Name: MARCODE OF NORTHWEST FL, INC.

Current Principal Place of Business:

1591 VIA DE LUNA DRIVE
PENSACOLA BEACH, FL 32561

New Principal Place of Business:

Current Mailing Address:

1591 VIA DE LUNA DRIVE
PENSACOLA BEACH, FL 32561

New Mailing Address:

P.O.BOX 1090
GULF BREEZE, FL 32561

FEI Number: 20-3785515 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OWENS, MARY B
1591 VIA DE LUNA DRIVE
PENSACOLA BEACH, FL 32561 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MARY B OWENS

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: OWENS, MARY B
Address: 1591 VIA DE LUNA DRIVE
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D ( ) Delete
Name: CAGLE, CONNER
Address: 1591 VIA DE LUNA DRIVE
City-St-Zip: PENSACOLA BEACH, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY B OWENS D 05/05/2009

Electronic Signature of Signing Officer or Director — Date