

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

7/29/2008-90010-008-\$150.00-\$150.00

DOCUMENT # P06000044612	
1. Entity Name MARCOS XPRESS CO.	
Principal Place of Business 7217 GULF BLVD STE 14-120 ST PETE BEACH, FL 33706 US	Mailing Address 7217 GULF BLVD STE 14-120 ST PETE BEACH, FL 33706 US



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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REINSTATEMENT

4. FEI Number
20-4588871

Applied For
Not Applicable

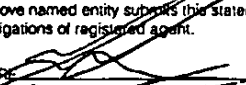
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RAMSBURG, DONALD P
5840 54TH AVENUE N
SUITE A
KENNETH CITY, FL 33709**

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IN THIS SPACE**

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:  (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HATZILIAS, IOANNIS
STREET ADDRESS	426 BELLE POINT DR
CITY-ST-ZIP	ST PETE BEACH, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied was 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

SC 11/12

DP RAMSBURG ACCOUNTING SERVICE

5836 54th Avenue North
Kenneth City, FL 33709
Phone: 727-545-9112
Fax: 727-546-0434

November 4, 2008

FLORIDA DEPARTMENT OF STATE
P O Box 1500
Tallahassee, Florida 32314

Reference Client: Marcos Xpress Co.
Reference Number: P06000044612

To Whom It May Concern:

My above referenced client has brought to my attention your Notice Of Dissolution Or Revocation.

Enclosed please find copy of letter received dated August 6, 2008 advising that you have received payment for renewal of annual report but the report was not signed by an officer of the corporation. The report was actually signed in the wrong place, resigned in the correct place, as requested, and mailed from our office.

We ask that you reinstate my client and advise us in writing.

Sincerely,

A handwritten signature in black ink, appearing to read "DP Ramsburg", written in a cursive style.

DP Ramsburg, Accountant
DP RAMSBURG ACCOUNTING SERVICE

Enclosure

cc: Marcos Xpress Co.