

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 APR 15 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000155853

1. Corporation Name

J. MARINO INVESTMENTS, INC.

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

330 OCEAN BOULEVARD

3. Mailing Office Address

330 OCEAN BOULEVARD

Suite, Apt. #, etc.

4B

Suite, Apt. #, etc.

4B

City & State

PALM BEACH, FL

City & State

PALM BEACH, FL

Zip

33480

Country

Zip

33480

Country

900229150619
04/16/12--01002--007 **1500.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/2006

5. FEI Number

20-8198609

☐ 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

JOSEPHINE MARINO

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

330 OCEAN BOULEVARD

Suite, Apt. #, Etc.

4B

City

Palm Beach

State

FL

Zip Code

33480

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

Josephine Marino
REGISTERED AGENT MUST SIGN

Date

4/2/2012

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Josephine Marino	330 Ocean Boulevard, Apt. 4B	Palm Beach, FL
			S. HAWKES
			APR - 2012
			EXAMINER

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Josephine Marino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #