

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 07000055590

1. Corporation Name

Marsh Capital, Inc.

W09-12631

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

1621 Bay Road

Suite, Apt. #, etc.

Suite 1208

City & State

Miami Beach, FL

Zip

33139

Country

Miami-Dade

3. Mailing Office Address

1621 Bay Road

Suite, Apt. #, etc.

Suite 1208

City & State

Miami Beach, FL

Zip

33139

Country

Miami-Dade

4. Date incorporated or Qualified
To Do Business in Florida

May 8, 2007

5. FEI Number

26-0222000

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

[Signature]

7. Name and Address of Current Registered Agent

Name

David M. Graham

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

1621 Bay Road

Suite, Apt. #, Etc.

Suite 1208

City

Miami Beach

State

FL

Zip Code

33139

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/25/09

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
P, S	David M. Graham	1621 Bay Road #1208	Miami Beach, FL 33139

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/25/09

Daytime Phone #

DAVID M. GRAHAM, Pres./Sec.

3/27/09

FILED

09 MAR 26 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600145941096

03/16/08-01056-030 **150.00

REINSTATEMENT

08-09