

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000058314

1. Entity Name  
MARKOBARR PRODUCTION, INC.



FILED

09 APR 16 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
385 SW 122 TERRACE  
PEMBROKE PINES, FL 33025

Mailing Address  
385 SW 122 TERRACE  
PEMBROKE PINES, FL 33025

2. Principal Place of Business - No P.O. Box #  
11673 SW 17 STREET

3. Mailing Address  
11673 SW 17 ST.



04132009 REIN-P CR2E098 (1/07)

City & State  
PEMBROKE PINES, FL

City & State  
PEMBROKE PINES, FL

4. FEI Number  
90-0353675

Applied For  
Not Applicable

Zip  
33025

Country  
USA

Zip  
33025

Country  
USA

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

6. Name and Address of Current Registered Agent  
THOMAS, DEVON  
385 SW 122 TERRACE  
PEMBROKE PINES, FL 33025

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
11673 SW 17 STREET  
City  
PEMBROKE PINES FL Zip Code  
33025

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  
D. Thomas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/12/09

FILE NOW!!! FEE IS \$300.00

D. Thomas

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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO THOMAS, DEVON 385 SW 122 TERRACE PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100150711361 04/16/09--01046--027 ***300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

RH

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: D. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/09

Date Daytime Phone #