

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 10 PM 4:13

**FILING CANCELLED
RETURNED CHECK**

DOCUMENT # **P07000074282**

1. Corporation Name

Marcos Full Service INC

400181951524
06/10/10--01026--013 **450.00

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

730/732 NW 9th St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 8008

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Coral Spring FL

Zip

Country

33311 Broward

Zip

33075 Broward

Country

7. Name and Address of Current Registered Agent

Name

Marie H Guerrier

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

2315 NW 98 Terr

Suite, Apt. #, Etc.

City

Coral Springs FL 33065

State

FL

Zip Code

33065

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

5/21/10

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
Owner	Marie H Guerrier	2315 NW 98 Terr	Coral Springs FL 33065

10. E-mail Address:

marcguerrier@yahoo.com

(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., 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/10

Date

Daytime Phone #

(954) 317 8211