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2020 JUN -8 PM 3:17

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P17000035632

1. Corporation Name

MARINE COMMUNICATIONS INC.

000345938409D
06/08/20--01004--021 **758.75

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
12555 ORANGE DRIVE	12555 ORANGE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 245	SUITE 245
City & State	City & State
DAVIE, FL	DAVIE, FL
Zip / Country	Zip / Country
33330 / USA	33330 / USA

4. Date Incorporated or Qualified To Do Business in Florida: FL, USA

5. FEI Number: 38-4037431 ☒ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CAPITOL CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 515 E PARK AVE

Suite, Apt. #, Etc: FLOOR 2

City: TALLAHASSEE | State: FL | Zip Code: 32301

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: Kim Tadlock — Kim Tadlock, Asst. Sec. on behalf of Capitol Corporate Services, Inc.
REGISTERED AGENT MUST SIGN

Date: 06/08/2020

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	CHARLES POTTER	4979 SW 123RD AVE.	COOPER CITY, FL 33330
CFO	HECXICA APONTE	4979 SW 123RD AVE.	COOPER CITY, FL 33330
GM	HECXICA APONTE	12220 WILD IRIS WAY	ORLANDO, FL 32837

10. E-mail Address: administration@marcom.co.tt
(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: Hecxica Aponte — Hecxica Aponte — 06/08/2020 — 321-310-8203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T MOORE
JUN 08 2020

P20282

CAPITOL SERVICES

Filing Cover Sheet

To: Florida Division of Corporations

From: TAYLOR SEAY C/O Capitol Services, Inc.

Date: 6/8/2020

Trans#: 1129094

Entity Name: MARINE COMMUNICATIONS INC. – P17000035632

Articles Incorporation ( )	Articles of Amendment ( )
Articles of Dissolution ( )	Annual Report ( )
Conversion ( )	Fictitious Name ( )
Foreign Qualification ( )	Limited Liability ( )
Limited Partnership ( )	Merger ( )
Reinstatement (XX)	Withdrawal / Cancellation ( )
Other ( )	

STATE FEES PREPAID WITH CHECK#1823 FOR $758.75

PLEASE RETURN:

Certified Copy ( ) **Plain Photocopy ( )**

Good Standing (XX) **Certificate of Fact ( )**

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