APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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FLORIDA

DOCUMENT # P92000010923

1. Corporation Name
Mardon Management, Inc.

A00002955408-- 8
-08/10/99--01028--016
***1350.00 ***1350.00

REINSTATEMENT 95-99

Principal Place of Business	Mailing Address
7859 Lake Worth Road Lake Worth, FL 33467	7859 Lake Worth Road Lake Worth, FL 33467

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: ~~Dec. 9, 1992~~ Sept. 1, 1993

5. FEI Number: #65-0376948 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Mary Ann Nappi	7859 Lake Worth Road	Lake Worth, FL 33467
VP	Nelson Nappi	7859 Lake Worth Road	Lake Worth, FL 33467
S	Joseph Nappi	7859 Lake Worth Road	Lake Worth, FL 33467
T	Lori Nappi	7859 Lake Worth Road	Lake Worth, FL 33467

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Louis Caplan, Esquire St. John, Dicker, Caplan, Krivok & Core, P.A. 500 Australian Avenue South Suite 600 West Palm Beach, FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Louis Caplan
REGISTERED AGENT MUST SIGN
Date 2/10/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

2/12/99

12. 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 under section 119.07(3)(i), 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: Nelson A. Nappi 7/27/99 561-968-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #