

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG 26 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000010930**

1. Corporation Name

Marion Industrial Properties, Inc.

2. Principal Office Address

3722 Coquina Drive

Suite, Apt. #, etc.

City & State

Sanibel, Florida

Zip

33957

Country

U.S.A.

3. Mailing Office Address

3722 Coquina Drive

Suite, Apt. #, etc.

City & State

Sanibel, Florida

Zip

33957

Country

U.S.A.

REINSTATEMENT 00-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/10/1992

5. FEI Number

593158321

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert Aubrey

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

3722 Coquina Drive

800040697228

08/31/04--01056--006 **1350 00

Suite, Apt. #, Etc.

City

Sanibel

State

FL

Zip Code

33957

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

Robert M. Aubrey

Date **8-18-03**

REGISTERED AGENT MUST SIGN

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
PD	Robert M. Aubrey	3722 Coquina Drive	Sanibel/Florida/33957
SD	Caren J. Aubrey	3722 Coquina Drive	Sanibel/Florida/33957
VD	Gertrude M. Aubrey	P.O. Box 25	Union/Illinois/60180

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 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:

Robert M. Aubrey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-03

Date

(239)-821-0048

Daytime Phone #

CR2E081 (10/02)