

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 4 AM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000021166

1. Corporation Name

MaraTech Corporation

[Handwritten Signature]

REINSTATEMENT 99-03

000015315570
04/04/03--01041--015 **1358.75

2. Principal Office Address

1235 Kennewick Court

3. Mailing Office Address

1235 Kennewick Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

City & State

Wesley Chapel, FL

Zip

33543

Country

USA

Zip

33543

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0406777

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

Hagop Tashjian

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

1235 Kennewick Court

Suite, Apt. #, Etc.

City

Wesley Chapel

State
FL

Zip Code
33543

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

[Handwritten Signature: Hagop Tashjian]

REGISTERED AGENT MUST SIGN

Date 3-31-2003

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
CEO/D	Daniel Karvonen	320 Woodshire Drive	Mankato, MN 56001

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:

[Handwritten Signature: Daniel Karvonen] CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-2003 813 997-7750

Date

Daytime Phone #

CR2E081 (10/02)