


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION
REINSTATEMENT

 FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000020364

1. Corporation Name
MARSTEP PRODUCTIVITY SPECIALISTS, INC

2. Principal Office Address
18114 Clearbrook Circle

Suite, Apt. #, etc.

City & State
Boca Raton, Florida 33498

Zip Country

3. Mailing Office Address
18114 Clearbrook Circle

Suite, Apt. #, etc.

City & State
Boca Raton, Florida 33498

Zip Country

FILED
03 MAR 24 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1999-2003
MAR

99-03

4. Date Incorporated or Qualified To Do Business in Florida **03/13/1995**

5. FEI Number **65-0577946**

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 **Larry C. Rosenman, C.P.A., P.A.**

Street Address (P.O. Box Number is Not Acceptable) **12340 St. Simon Drive**

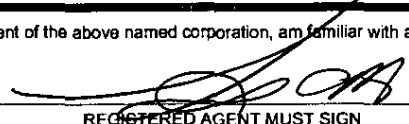
Suite, Apt. #, Etc.

City **Boca Raton**

State **FL** Zip Code **33428**

600014451746
03/24/03-01005-002 ***750.00

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  Date **03/08/2003**

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
D	Woods, Marvin	18114 Clearbrook Circle	Boca Raton, FLorida 33498

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:  **MARVIN WOODS, PRESIDENT** 3/16/03 861-852-5739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

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Professional Service with a "Personal Touch" 2012

Larry C. Rosenman. C.P.A.. P.A.

12340 St. Simon Drive ☐ Boca Raton Florida 33428 ☐ Telephone (561)482-1040 Fax (561)451-2304

E-mail Address: Rosenman@Bellsouth.net

Member in good standing of the Florida Institute of Certified Public Accountants

Friday, March 07, 2003

Re: Reinstatement of Marstep Productivity Specialists, Inc.
Document #P95000020364 EIN# 65-0577946

In accordance with the instructions by your phone representative on February 27th 2003, I have enclosed a corporation reinstatement form with a check in the amount of \$750.

Your telephone representative explained that although the abovementioned company was considered to be administratively dissolved as of 09/24/1999, the \$600 reinstatement fee as well as all late fees would be waived and that only the \$150 annual fee for years 1999-2003 inclusive would be charged. I was advised by her that your records indicates that the Annual Report was undeliverable. The client believed that their annual payment to their registered agent was satisfying their annual requirement since the register agent was providing no other services.

Your prompt consideration to this matter is greatly appreciated. If you have any questions at all, please feel free to contact me at the above location. I am

Sincerely yours,

Larry Rosenman C.P.A.

Larry C. Rosenman C.P.A., P.A.