

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 JAN 26 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000025488

1. Corporation Name

MARUSS INC

14594 QUAIL TRAIL CIR
ORLANDO FLORIDA14594 QUAIL TRAIL CIR
ORLANDO FLORIDA

2. Principal Office Address

AS ABOVE

3. Mailing Office Address

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

32837

Country

USA

Zip

32837

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1995

5. FEI Number 59-3304798

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

MARTIN GALLAGHER - 14594 QUAIL TRAIL CIR, ORLANDO, FL 32837

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

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code

32837

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

20 JAN 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
P	MARTIN GALLAGHER	14594 QUAIL TRAIL CIRCLE	ORLANDO FL 32837
S	SUSAN GALLAGHER	14594 QUAIL TRAIL CIRCLE	ORLANDO FL 32837
V	RUSSELL HOWARD	2735 EAGLE LAKE DRIVE	ORLANDO FL 32837

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 JAN 03

Date

407 859 4121

Daytime Phone #

MARTIN GALLAGHER

2/1/20

CR2081 (10/02)