

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # P950000 33490																											
1. Corporation Name <i>MARSHALL STARK CONSTRUCTION INC.</i>																											
2. Principal Office Address - No P.O. Box # <i>6021 SW 13TH ST</i> Suite, Apt. #, etc.		3. Mailing Office Address <i>6021 SW 13TH ST.</i> Suite, Apt. #, etc.																									
City & State <i>Gainesville, FL</i> Zip <i>32608</i> Country <i>USA</i>		City & State <i>Gainesville, FL</i> Zip <i>32608</i> Country <i>USA</i>																									
7. Name and Address of Current Registered Agent Name <i>MARSHALL W. STARK</i> Street Address (P.O. Box Number is Not Acceptable) <i>6021 SW 13TH ST.</i> Suite, Apt. #, Etc. City <i>Gainesville</i> State <i>FL</i> Zip Code <i>32608</i>																											
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 <i>Marshall Stark</i> REGISTERED AGENT MUST SIGN Date <i>3/17/08</i>																											
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 40%;">Name of Officers and/or Directors</th> <th style="width: 40%;">Street Address of Each Officer and/or Director</th> <th style="width: 20%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td><i>PST</i></td> <td><i>MARSHALL STARK</i></td> <td><i>6021 SW 13TH ST.</i></td> <td><i>Gainesville, FL 32608</i></td> </tr> <tr> <td></td> <td><i>(1/3/21)</i></td> <td></td> <td><i>100120856911 03/20/08-01047--027 **1350.00</i></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	<i>PST</i>	<i>MARSHALL STARK</i>	<i>6021 SW 13TH ST.</i>	<i>Gainesville, FL 32608</i>		<i>(1/3/21)</i>		<i>100120856911 03/20/08-01047--027 **1350.00</i>												
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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 contained in Chapter 119, 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: <i>Marshall Stark</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		FILED 08 MAR 20 AM 8:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
		REINSTATEMENT <small>CR2E08141207</small> 04-08																									
		4. Date Incorporated or Qualified To Do Business in Florida <i>4/25/1995</i>																									
		5. FEI Number <i>593309448</i> <table style="margin-left: 20px; border: none;"> <tr> <td><input type="checkbox"/> Applied For</td> </tr> <tr> <td><input type="checkbox"/> Not Applicable</td> </tr> </table>		<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable																						
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		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																									
<input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.																											