

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUN 22 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P95000033695

1. Corporation Name

MARLES INVESTMENTS, INC.

Principal Place of Business

Mailing Address

1699 Cypress Pt. Dr.
Coral Springs, FL 33071
US Broward County

1699 Cypress Pt. Dr.
Coral Springs, FL
33071 US Broward

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1699 Cypress Point Dr.

3. New Mailing Office Address, If Applicable

1699 Cypress Point Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33071

Country

US

Zip

33071

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1995

5. FEI Number

65-0592942

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	MARLES, JAIME	1699 Cypress Point Drive	Coral Springs, FL 33071

6000003321366--5
-07/12/00--01076--007
****900.00 ****900.00

REINSTATEMENT

99-00

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARLES, JAIME

1699 Cypress Point Drive
Coral Springs, FL 33071

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jaime Marles

REGISTERED AGENT MUST SIGN

Date 11/10/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

Jaime Marles, President

Date

11/10/99

Daytime Phone #

954-345- 4532

CR2E081 (12/98)