

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000056576

1. Corporation Name

CATHY S. MARINO REALTY, INC.

2. Principal Office Address

227 W. New England Ave.

Suite, Apt. #, etc.

A

City & State

Winter Park, Florida

Zip  
32789

Country  
Orange

3. Mailing Office Address

P. O. Box 2337

Suite, Apt. #, etc.

City & State

Winter Park, Florida

Zip  
32790

Country  
Orange

4. Date Incorporated or Qualified  
To Do Business in Florida 07/20/1995

5. EFL Number  
59-3333419

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

Cathy S. Marino

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

227 W. New England Ave.

Suite, Apt. #, Etc.

A

City

Winter Park

State  
FL

Zip Code  
32789

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

*Cathy S. Marino*

REGISTERED AGENT MUST SIGN

Date

4/27/2006

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
DPST	Cathy S. Marino	P. O. Box 2337	Winter Park, FL 32790

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:

*Cathy S. Marino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2006

Date

407-628-0110

Daytime Phone #