

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 19 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000061703

1. Corporation Name

MARNICOTT, INC.

800095809888
04/04/07--01045--007 **450.00

REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

110 HARRIS DR

Suite, Apt. #, etc.

3. Mailing Office Address

110 HARRIS DR

Suite, Apt. #, etc.

City & State

SEBASTIAN FL

Zip

32958

Country

USA

City & State

SEBASTIAN FL

Zip

32958

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0600 993

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

NICHOLAS J ANTONINO

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

110 HARRIS DR

Suite, Apt. #, Etc.

City

SEBASTIAN

State

FL

Zip Code

32958

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.

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

Nicholas J Antonino

REGISTERED AGENT MUST SIGN

Date 13 MAR 07

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	NICHOLAS J ANTONINO	110 HARRIS DR	SEBASTIAN FL 32958

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:

Nicholas J Antonino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 MAR 07

Date

772.581.8538

Daytime Phone #