

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY -9 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000049560

1. Corporation Name

MARSH AND MARSH, INC

2. Principal Office Address

287 BATTLEGROVE DRIVE

3. Mailing Office Address

287 BATTLEGROVE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVENPORT FLORIDA

City & State

DAVENPORT FLORIDA

Zip

33837-5811

Country

USA

Zip

33837-5811

Country

USA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

6/11/1996

5. FEI Number

59-3385186

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

JOHN ROBERT MARSH

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

287 BATTLEGROVE DRIVE

Suite, Apt. #, Etc.

City

DAVENPORT

000004341070-3

06/05/01-01018-006

***900.00 ***900.00

State

FL

Zip Code

33837-5811

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

John Marsh

REGISTERED AGENT MUST SIGN

Date 5/7/2001

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	JOHN ROBERT MARSH	287 BATTLEGROVE DRIVE	DAVENPORT FL 33837
V.P.	GAIL ELIZABETH MARSH	287 BATTLEGROVE DRIVE	DAVENPORT FL 33837

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:

John Marsh JOHN ROBERT MARSH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/2001

Date

8634240467

Daytime Phone #