

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000083740**

★ Corporation Name

Marinacci Managment 2, Inc.

Principal Place of Business Mailing Address  
8001 S. Orange Blossum Trail #924  
Orlando, FL 32809

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		October 10, 1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0719021	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

**REINSTATEMENT**

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Richard A. Marinacci	Same as Above	
V.P.			
Sec.	Bret Richards	Same as above	LS
Tres.			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Bret Richards 11149 N.W. 39th Street Apt. 306 Sunrise, FL 33351		Name Richard A. Marinacci Street Address (P.O. Box Number is Not Acceptable) 8001 S. Orange Blossum Trail Suite, Apt. #, Etc. #924 City Orlando State FL Zip Code 32809	

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 *Richard Marinacci*  
REGISTERED AGENT MUST SIGN

Date 6-30-99

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)(ii), 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: *Richard Marinacci* Richard Marinacci  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-99  
Date

Executive Phone #