

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000102021

Entity Name: MARSHLACK & ASSOCIATES, INC.

FILED
Oct 30, 2009
Secretary of State

Current Principal Place of Business:

825 CAPRI BLVD.
TREASURE ISLAND, FL 33706 US

New Principal Place of Business:

7069 KEY HAVEN RD #501
SEMINOLE, FL 33777 US

Current Mailing Address:

825 CAPRI BLVD.
TREASURE ISLAND, FL 33706 US

New Mailing Address:

7069 KEY HAVEN RD #501
SEMINOLE, FL 33777 US

FEI Number: 59-3433246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSHLACK, DAN P
825 CAPRI BLVD.
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

MARSHLACK, DAN P
7069 KEY HAVEN RD #501
SEMINOLE, FL 33777 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAN MARSHLACK

10/30/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARSHLACK, DAN
Address: 825 CAPRI BLVD
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VP () Delete
Name: MARSHLACK, DANE
Address: 902 BOCA CIEGA ISLE DR.
City-St-Zip: ST. PETE BEACH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MARSHLACK, DAN
Address: 7069 KEY HAVEN RD #501
City-St-Zip: SEMINOLE, FL 33777

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN MARSHLACK

MR

10/30/2009

Electronic Signature of Signing Officer or Director

Date