PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 30 PM 1:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000001489

1. Corporation Name

MARINA & CO., INCORPORATED

REINSTATEMENT 02-04

2. Principal Office Address	**3.** Mailing Office Address
19028 NE 29 AVENUE	19028 NE 29 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: AVENTURA FL	City & State: AVENTURA FL
Zip: 33180 Country: U.S.A.	Zip: 33180 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 65-0748196 ☐ 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: DOREEN MARINA

Street Address (P.O. Box Number is Not Acceptable): 19028 NE 29 AVENUE

400031371024
03/30/04--01021--011 **450.00

Suite, Apt. #, Etc.:

City: AVENTURA State: FL Zip Code: 33180

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: Doreen Marina Date: 3-24-04
REGISTERED AGENT MUST SIGN

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
PVST	DOREEN MARINA	19028 NE 29 AVENUE	AVENTURA FL 33180

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.

305-933-9000

SIGNATURE: Doreen Marina DOREEN MARINA 3-24-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Marina
REALTY GROUP

March 24, 2004

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: FEI Number: 65-0748196

Enclosed please find my check #2356 in the amount of $450.00 representing the Corporate Annual Report fees for 2002, 2003, and 2004.

I request that the Reinstatement fee be waived because our address changed when we moved the office. I never received the forms for renewal.

Please understand that this was completely unintentional, as I consistently file and renew my state, county and city licenses each year.

Very truly yours,

Doreen Marina

Doreen Marina
President

DM:dl
Encl.

19028 NE 29TH AVENUE • AVENTURA, FL 33180 • (305) 933-9000 • FAX (305) 933-3939
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