


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		05 JUN 27 PM 12:35 FILED	
DOCUMENT # P97000053789				SECRET 07/12/05--01031--023 **1650.00	
1. Corporation Name Marion Underwriting Group				600057344826	
2. Principal Office Address 4422 W Hwy 40		3. Mailing Office Address 4422 W Hwy 40		REINSTATEMENT 99-05	
Suite, Apt. #, etc. #1		Suite, Apt. #, etc. #1		4. Date Incorporated or Qualified To Do Business in Florida 6/10/97	
City & State Ocala, Fla		City & State Ocala, Fla		5. FEI Number 59-3451052	
Zip 34482	Country marion	Zip 34482	Country marion	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> 58.75 Additional Fee for a Certificate of	
7. Name and Address of Current Registered Agent					
Name Kathleen Outland					
Street Address (P.O. Box Number is Not Acceptable) 4422 W Hwy 40					
Suite, Apt. #, Etc. #1					
City Ocala				State FL	Zip Code 34482
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 Kathleen Outland				Date 4/20/05	
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	
owner	Kathleen Outland	10840 N.W. 110th St		Reddick, Fla 329	
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 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 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: Kathleen Outland				Date 4/20/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # (352) 840-954	