


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION



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

FILED

01 DEC 20 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000078398**

1. Corporation Name
Marchis Enterprises Inc.
1107 Ermine Ave.
Winter Springs, FL
32708

2. Principal Office Address
1107 ERMINE AVE

3. Mailing Office Address
4860 DUNBARTON DR

Suite, Apt. #, etc.

City & State
WINTER SPRINGS FL

City & State
ORLANDO FL

Zip
32708

Country
USA

Zip
32817

Country
USA

2001 UBR

4. Date Incorporated or Qualified To Do Business in Florida
9-10-1997

5. FEI Number
59-3473755

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ANDREW PITTER

Street Address (P.O. Box Number is Not Acceptable)
4860 DUNBARTON DR

Suite, Apt. #, Etc.

City
ORLANDO FL.

State
FL

Zip Code
32817

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
Andrew Pitter

REGISTERED AGENT MUST SIGN

Date
12-19-01

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
PRESIDENT	ANDREW PITTER	4860 DUNBARTON DR	ORLANDO FL 32817

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: **Andrew Pitter**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
12-19-01

Daytime Phone #
407-810-4445

CR22081 (9/00)

December 19, 2001

[Click [here](#) and type recipient's address]

Dear Sir or Madam:

WE DID NOT RECEIVE ANNUAL CORPORATE RENEWAL FORM. OUR ADDRESS IS 4860
DUNBARTON DR. ORLANDO, FL. 32817

Sincerely,

Andrew Pitter

President

Marchris Enterprises

4860 DUNBARTON DR.
ORLANDO, FL. 32817

282