


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000053507	
1. Entity Name THE MARCLY CORPORATION	

Principal Place of Business 11401 NW 71 WAY ALACHUA, FL 32615	Mailing Address 28 TURKEY CREEK ALACHUA, FL 32615
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2. Principal Place of Business 14 CINCINNATI AVE	3. Mailing Address Box 182
Suite, Apt. #, etc. COTT. 5	Suite, Apt. #, etc.
City & State ST AUGUSTINE FL	City & State ST AUGUSTINE, FL
Zip 32084	Country ST JOHNS
Zip 32085	Country ST JOHNS

6. Name and Address of Current Registered Agent WORRELL, A. CLYDE 11401 NW 71ST WAY ALACHUA, FL 32615	7. Name and Address of New Registered Agent Name WORRELL, A. CLYDE Street Address (P.O. Box Number is Not Acceptable) 14 CINCINNATI AVE P.O. Box 182 City ST AUGUSTINE FL Zip Code 32084
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE A Clyde Worrell DATE 5/25/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVPS WORRELL, A. CLYDE 11401 NW 71ST WAY ALACHUA, FL 32615 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400055545854 06/01/05--01006--007 ***300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVPS WORRELL, A. CLYDE ST AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition A. CLYDE WORRELL P.O. Box 182 ST AUGUSTINE FL 32085
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A Clyde Worrell A Clyde Worrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED  
05 JUN -1 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05232005 REIN-P CR2E098 (6/04)

4. FEI Number 59-3521667	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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