


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000054606

1. Corporation Name

MARATHON COMPUTERS OF THE KEYS, INC.

00 NOV 14 PM 1:20

Principal Place of Business

11400 OVERSEAS HIGHWAY
SUITE 121
MARATHON SHORES FL 33052

Mailing Address

11400 OVERSEAS HIGHWAY
SUITE 121
MARATHON SHORES FL 33052

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite 121
City & State
MARATHON, FL

Zip 33050 Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite 121
City & State
MARATHON, FL

Zip 33050 Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/1998

5. FEI Number

65-0844304

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BUZZA, RICHARD P	11400 OVERSEAS HIGHWAY, SUITE 121	MARATHON SHORES FL 33052

600003496926--5
-12/12/00--01045--015
****750.00 ****750.00

8. Name and Address of Current Registered Agent

MILLER, ROBERT K
2975 OVERSEAS HIGHWAY
MARATHON FL 33050

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

 SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/7/00

11. 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)(l), 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:

 SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD

11/8/2000

(305)289-0472

CR2E040 (8/00)