

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000000628**

1. Corporation Name

MARVEL CLAIMS, INC.

Principal Place of Business

Mailing Address

3925 N.W. 25 WAY
BOCA RATON FL 33434

3925 N.W. 25 WAY
BOCA RATON FL 33434

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida...

01/04/1999

5. FEI Number

65-0886619

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	RICHMAN, MARVIN	3925 NW 25TH WAY	BOCA RATON FL 33434

800023767238
10/14/03-01002-017 \$150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICHMAN, MARVIN
3925 N.W. 25 WAY
BOCA RATON FL 33434

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. or 617.0505, F.S.

Signature of
Registered Agent

Marvin Richman
REGISTERED AGENT MUST SIGN

Date

10/8/03

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03

Date

Daytime Phone #

561-9946548

CR2E040 (7/03)

MARVEL CLAIMS INC.

3925 NW 25 Way
Boca Raton, FL, 33434

Phone 561-994-6548
Fax 561-241-6282

State of Florida
Department of State

October 8, 2003

Dear Sirs:

Please find enclosed our check for \$1,50.00,
as we did not receive the two prior business
reports (UBR).

Thank you for your cooperation and if
you have any questions, please contact me at
the above referenced phone number.

Yours truly,

Mauro Riccio