

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP -9 AM 9:07

CORPORATION
REINSTATEMENT



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

DeMarco Inc of FT. Charlotte - FLA

899 000 045962

600007730306--7
-09/13/02--01034--029
****450.00 ****450.00

2. Principal Office Address

4899 TAMMAM, TR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Charlotte Alvarado

Suite, Apt. #, etc.

City & State

FLA 33950

City & State

Zip

33950

Country

Charlotte

Zip

33950

Country

Charlotte

4. Date Incorporated or Qualified
To Do Business in Florida

5. EEI Number

03-0917958

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHRISTIAN A MARCO

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

4491 Lakeside Ct

Suite, Apt. #, Etc.

FT Charlotte FLA 33950

City

State
FL

Zip Code

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

[Signature]

Date

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	CHRIS A MARCO		
owner	JAMES ASS ADONE		
owner	CHRIS D. MARCO	4491 Lakeside Ct	Pt. Charlotte Fl. 33950

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]

94/10/99
176/10/99

Harbor Chevron
4899 Tamiami Tr.
Charlotte Harbor, Fl.
33980

August 22, 2002

Ref Number:

P99000045962

Dear Sir:

I spoke to someone at the number on this letter and she explained to me that we should have received a form in January that is due by May 1st. We did not receive any forms in the mail. I do not know why, we just never received any. She also told me we should have received something in December. We also never received that.

We were just going to go ahead and pay the \$750, but our check was sent back with more fees. I am very sorry, but we never received any forms.

Thank You, Sincerely
Chris D'Harco

Harbor Chevron