

2005 FOR PROFIT CORPORATION REINSTATEMENT

192

DOCUMENT # P99000061612

1. Entity Name
MARCLIF & ASSOCIATES, INC.



Principal Place of Business
**4201 PARKWAY BLVD
LAND O' LAKES, FL 34639**

Mailing Address
**4201 PARKWAY BLVD
LAND O' LAKES, FL 34639**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED
05 OCT 24 PM 5:15
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT 2005

4. FEI Number
59-3587781

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, CLIFFORD W
4201 PARKWAY BLVD
LAND O' LAKES, FL 34639**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, CLIFFORD W 4201 PARKWAY BLVD LAND O' LAKES, FL 34639 <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	STD MILLER, MARY G 4201 PARKWAY BLVD LAND O' LAKES, FL 34639 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Clifford W. Miller - President* **10/9/05** **(813) 996-0704**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2502

MARCLIF & ASSOCIATES, INC..

4201 Parkway Blvd.

Land O' Lakes, FL 34639

Certified Letter with Return Receipt

September 22, 2005

Florida Department of State

-- Division Of Corporation

P.O. Box 6327

Tallahassee, Fl. 32314

Re: 2005 Annual Report

#P99000061612

Gentlemen:

As per telephone conversation today with your staff, enclosed please find our check in the amount of \$150.00 to cover for our subject Annual Reports.

Please be advised that as of the date of this letter we never received your previous renewals reports.

Your prompt processing of our corporation will be greatly appreciated.

Truly yours,

MARCLIF & ASSOCIATES, INC.



Clifford W. Miller

President