

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

W2

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
The Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 29 PM 12: 31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000062561

1. Corporation Name

MARIANNA INSURANCE & ASSOCIATES, INC.

2. Principal Office Address

3795 Redman Parkway

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33436

Country

USA

3. Mailing Office Address

3795 Redman Parkway

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33436

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

July 6, 1999

5. FEI Number

65-0939616

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Barry E. Martin

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

3795 Redman Parkway

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33436

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

Barry E. Martin

REGISTERED AGENT MUST SIGN

Date

11/22/00

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
P	Barry E. Martin	3795 Redman Parkway	Boynton Beach FL 33436

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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Barry E. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/00

Date

Daytime Phone #

CR2E081 (9/99)

C. R. COOPER, CPA, PA
5350 10TH AVE. NORTH SUITE 8
LAKE WORTH, FL. 33463

20f2

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 967-4711

November 20, 2000

Katherine Harris, Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

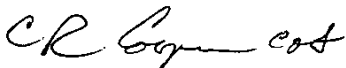
Corporation: Marianna Insurance and Associates Inc.
Document #: P99000062561
Re: 2000 Uniform Business Report

Dear Ms Harris:

Marianna Insurance and Associates, Inc. did not receive any of the notices to file the Uniform Business Report this year. Their failure to receive the notices was probably due to the fact that they had a change of address since forming the corporation on July 6, 1999. Since this is their first year for filing the Uniform Business Report, and they did not receive the notices, the corporation president was not aware that he needed to file the report. Therefore, we are requesting that he be allowed to file the Corporation Reinstatement with the original fee of \$150.00. We are enclosing his completed Corporation Reinstatement Form and the check in the amount of \$150.00 with this letter.

Please respond to our office at the above referenced address and telephone number regarding this request. Thank you for your prompt attention to this matter.

Sincerely,


C. R. Cooper, CPA

CRC:clf