

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
CLERK OF STATE
DIVISION OF CORPORATIONS

04 MAR 19 PM 2:49

DOCUMENT # P99000069902

1. Corporation Name

MARSHVIEW DEVELOPMENT, INC.

2. Principal Office Address

510 S. 3RD ST.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH FL

City & State

Zip

32250

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 8/06/995. FEI Number
59-3593486Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BARTLETT & DEAL, P.A.

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

135 PROFESSIONAL DRIVE

Suite, Apt. #, Etc.

SUITE 101

City

PONTE VEDRA BEACH

State
FLZip Code
32082

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

Date

3/18/04

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
P	HANK P. WOODBURN	510 S. 3RD ST.	JACKSONVILLE BEACH FL 32250

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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)(f), 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

3/18/04

Date

904 246-4555

Daytime Phone #

CR35081 (01/01)