

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

RECEIVED  
AND  
FILED

02 JUL 31 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-08/14/02--01067--007  
\*\*\*\*908.75 \*\*\*\*908.75

DOCUMENT # P99000090946

1. Corporation Name

MARISA CONSTRUCTION, INC.

2. Principal Office Address

13114 PRESTWICK DR

Suite, Apt. #, etc.

3. Mailing Office Address

13114 PRESTWICK DR

Suite, Apt. #, etc.

City & State

RIVERVIEW, FL

City & State

RIVERVIEW, FL

Zip

33569

Country

USA

Zip

33569

Country

USA

REINSTATEMENT

2001-2002

4. Date Incorporated or Qualified  
To Do Business in Florida

10/15/1999

5. FEI Number

59-3608786

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

JAMES O. COUTS

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

13114 PRESTWICK DR

Suite, Apt. #, Etc.

City

RIVERVIEW

State  
FL

Zip Code  
33569

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

REGISTERED AGENT MUST SIGN

Date 6.20.02

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
PRES	JAMES O. COUTS	13114 PRESTWICK DR	RIVERVIEW, FL 33569
VP/ SEC	DONNA M. COUTS	13114 PRESTWICK DR	RIVERVIEW, FL 33569

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES O. COUTS

Date

6.20.02

Daytime Phone #

913-205-2088

CR2E081 (9/01)