

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 31 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V361 44

1. Corporation Name

Mar-Mex Corp.

2. Principal Office Address

372 Islander St.

Suite, Apt. #, etc.

City & State

Oceanside, Ca.

Zip

92054

Country

USA

3. Mailing Office Address

372 Islander St.

Suite, Apt. #, etc.

City & State

Oceanside, Ca.

Zip

92054

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/14/92

5. FEI Number

656075863

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Complete file

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Deborah A. Evans

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

7106 RIVERBEND DR.

Suite, Apt. #, Etc.

900024336149

10/31/03--01075--011 **308. 5

City

TAMPA

State

FL

Zip Code

33615

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

Deborah A. Evans

Date 10-24-03

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
<u>V</u>	<u>Champlin, Norman</u>	<u>372 Islander St</u>	<u>Oceanside, Ca. 92054</u>
<u>D</u>	<u>Szabo, Candice</u>	<u>372 Islander St</u>	<u>Oceanside, Ca 92054</u>
<u>S</u>	<u>Cochran, Katharine</u>	<u>P.O. Box 117</u>	<u>San Andreas, Ca. 95249-011</u>
<u>T</u>	<u>Szabo, Dean</u>	<u>372 Islander St.</u>	<u>Oceanside, Ca. 92054</u>

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:

Candice Szabo Candice Szabo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-24-03

Daytime Phone #

760-439-3530

CR2E081 (10/02)

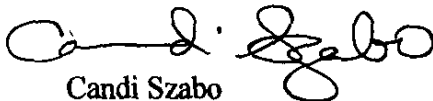
Candi Szabo
372 Islander St.
Oceanside, Ca. 92054

October 25, 2003

To whom it may concern,

I am writing on behalf of my father, Norman Champlin, vice president of Mar-Mex Corp. I am reinstating the corporation that apparently was dissolved due to lack of payment. I have been handling his finances since the death of his wife, and was never given the necessary forms. My father has Alzheimer's and therefore was unable to advise me that this bill was delinquent. I am requesting that the late fees of \$600 be waived. I am sending the \$300 plus the \$8.75 to cover the complete file, please. If I do not qualify for the waiver, please let me know immediately, so that I can send you the balance and not be held up longer for the reinstating process.

Thank you very much.


Candi Szabo