

### 2006 FOR PROFIT CORPORATION REINSTATEMENT


FILED

06 AUG 29 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000149551

1. Entity Name  
MARIEL RIES, INC.



Principal Place of Business  
1919 BOYCE ST.  
SARASOTA, FL 34239-3833

Mailing Address  
1919 BOYCE ST.  
SARASOTA, FL 34239-3833

2. Principal Place of Business  
200 Oceanway Drive

3. Mailing Address  
same as #2

City & State  
Melbourne, FL 32951

City & State  
[Blank]

4. FEI Number  
[Blank]

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

REINSTATEMENT 05-06



5. Name and Address of Current Registered Agent  
~~SHOEMAKER, RICHARD L CPA - Deceased~~  
~~412 NE 26TH ST.~~  
~~WILTON MANORS, FL 33305-4208~~

7. Name and Address of New Registered Agent  
Name: Marcia Riesterberg  
Street Address: 200 Oceanway Drive  
City: Sarasota, FL Zip Code: 32951

6. 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: *Marcia Riesterberg* DATE: 12-26-05

**FILE NOW!!! FEE IS \$300.00**

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIESTERBERG, MARCIA 1919 BOYCE ST. SARASOTA, FL 342393833	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marcia Riesterberg 200 Oceanway Drive Sarasota, FL 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500079517885 09/06/06--01024--013 **\$300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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: *Marcia Riesterberg* DATE: 12-26-05 941-928-7005