

JUL 30. 2008 12:13PM

C S C

NO. 018

P. 3

Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 JUL 29 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000223

1. Corporation Name:

MARCO HOLDINGS INC.

REINSTATEMENT 07-08

JC7/30

2. Principal Office Address - No P.O. Box #

35 East 62nd Street

Suite, Apt. #, etc.

3. Mailing Office Address:

35 East 62nd Street

Suite, Apt. #, etc.

City & State:

New York, NY

Zip

10065

Country

City & State:

New York, NY

Zip

10065

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1992

5. FEI Number:
133603886

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THE PRENTICE-HALL CORPORATION SYSTEM INC.

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and agree to the provisions of section 807.0508 or 817.0508, F.S.

Signature of
Registered AgentCarmia L. Dunlap
Asst. Vice President

7/29/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Ronald O. Pereiman, director	35 East 62nd Street	NY, NY 10065
D	Barry F. Schwartz, director	35 East 62nd Street	NY, NY 10065
EVP	Paul G. Sayas, EVP	35 East 62nd Street	NY, NY 10065
SVP	Michael C. Borofsky, SVP	35 East 62nd Street	NY, NY 10065

10. I certify that I am an officer or director of the receiver for 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 807.0401 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 contained in Chapter 118, 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

Date

212-572-8430

Daytime Phone

Page 2 of 2

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6394

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CLDX2951

CORPORATION REINSTATEMENT

MAFCO HOLDINGS INC.

Certificate of Status	0
Certified Copy	X 1
Page Count	23
Estimated Charge	\$908.75

Please Note
Changes

\$ 908.75

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