

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**AND FILED**  
 1997 DEC 18 PM 12:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000068761  
 1. Corporation Name  
**MARCUS INDUSTRIES, INC.**

Principal Place of Business: **P.O. Box-570130 Miami, FL--33257-0130**  
 Mailing Address: **P.O. Box-570130 Miami, FL--33257-0130**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

000002380050-1  
 -12/23/97-01021-017  
 \*\*\*750.00 \*\*\*750.00

2. New Principal Office Address, If Applicable <b>8533 E. Portland</b> Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable <b>8533 E. Portland</b> Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida <b>8/19/96</b>
City & State <b>Scottsdale, AZ</b>	City & State <b>Scottsdale, AZ</b>	5. FEI Number <b>65-0692738</b>
Zip <b>85257-4121</b>	Country <b>USA</b>	Country <b>USA</b>

6. CERTIFICATE OF STATUS DESIRED  **\$8.75 Additional Fee required for a Certificate of Status**

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Philippe Marcus	8533 E. Portland	Scottsdale, AZ 85257
D	Valerie Marcus	8533 E. Portland	Scottsdale, AZ 85257

REINSTATEMENT

8. Name and Address of Current Registered Agent <b>Corporation Company of Miami 201 S. Biscayne Boulevard 1600 Miami Center Miami, FL 33131</b>	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **By: Jill Zamas, Asst. Secretary** Date \_\_\_\_\_

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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:** *Philippe Marcus* **Philippe MARCUS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12.5.97** Daytime Phone # \_\_\_\_\_

CP25040 (12/96)