

APPLICATION FOR REINSTATEMENT



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

FILED

98 JUL -1 AM 11:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #

L51304

1. Corporation Name

Marshall Group, Inc.

Principal Place of Business

Mailing Address

100002583111--5
 -07/08/98--01068--011
 *****900.00 *****900.00

100002583111--5
 -07/08/98--01068--012
 *****8.75 *****8.75

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

2. New Principal Office Address, if Applicable 8757 E. Via de Comercio Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 02/20/90	
City & State Scottsdale, AZ		City & State		5. FEI Number Applied For Not Applicable	
Zip 85258		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> SR 75 Annual Report Required	

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
Dir/Pres	Robert B. Marshall	1936 79th Avenue	Vero Beach, FL 32966
Dir/Secy	Joanne Young	9000 N. Morning Glory Rd.	Paradise Valley, AZ 85253

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B 711

8. Name and Address of Current Registered Agent Robert B Marshall 1936 79th Avenue Vero Beach, FL 32966		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. # Etc. City State FL 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 607.0905, F.S.

Signature of Registered Agent: Robert B Marshall REGISTERED AGENT MUST SIGN Date: 06/29/98

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: Robert B Marshall 06/29/98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Robert B. Marshall Date: 06/29/98
 President Daytime Phone #