

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**

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

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

2. New Principal Office Address, If Applicable 8533 E. Portland Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 8533 E. Portland Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 8/19/96	
City & State Scottsdale, AZ		City & State Scottsdale, AZ		5. FEI Number 65-0692738	
Zip 85257-4121	Country USA	Zip 85257-4121	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 *12/18/97*

8. Name and Address of Current Registered Agent

Corporation Company of Miami
 201 S. Biscayne Boulevard
 1600 Miami Center
 Miami, FL 33131

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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**
 CORPORATION AGENT MUST SIGN

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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12.5.97**
 Daytime Phone #

CR25040 (12/96)