

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR (97)
REINSTATEMENT



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

01 DEC 12 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 51558

1. Corporation Name

MARK - Phil Enterprises, Inc

Principal Place of Business

Mailing Address

740 Arthur Godfrey
Road
Miami Beach, FL 33140

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1235 Alton Road
Miami Beach FL
33139 Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0268271

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/S/D	FRANCISCO CASERMEIRO	740 Arthur Godfrey Road #1	Miami Beach FL 33140 600002376006-3 -12/17/97-01119-021 ****350.00 ****350.00

REINSTATEMENT (97)

600002376006-3
-12/17/97-01119-020
****350.00 ****350.00

A. Alvar
12/2/97

8. Name and Address of Current Registered Agent

FRANCISCO CASERMEIRO
740 Arthur Godfrey Road #1
Miami Beach, FL 33140

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

Suite, Apt. #, Etc.

City

600002376006-3
-12/17/97-01119-022
*****50.00 *****50.00

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

Francisco Casermeiro

REGISTERED 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:

Francisco Casermeiro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #