

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 481491

1. Corporation Name

MARK R CORPORATION

Principal Place of Business

9506 RED ROAD SOUTH
MIAMI FL 33156

Mailing Address

9506 RED ROAD SOUTH
MIAMI FL 33156

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/30/1975

5. FEI Number

59-1611162

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	OESTERLE, DOUGLAS W P/D	9506 RED ROAD SOUTH	MIAMI FL
VD	OESTERLE, ROBERT A VA/D	9506 RED ROAD SOUTH	MIAMI FL

8. Name and Address of Current Registered Agent

OESTERLE, DOUGLAS W
9506 RED ROAD SOUTH
MIAMI FL 33156

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

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Res.
Signature: *Oesterle, Douglas W.* - 12/9/02 (305) 668 4117

FILED

02 DEC 18 PM 2:05

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



05-15-02 90012 013 \$150.00

CR2E040 (802)

DOUGLAS W. OESTERLE & ASSOCIATES, INC.

TAX, ACCOUNTING & FINANCIAL SERVICES

December 13, 2002

Division of Corporations
Registration Section
P.O. Box 6478
Tallahassee, Fl. 32314

RE: Mark R Corporation
FEI #59-1611162

Gentlemen:

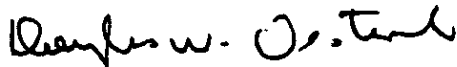
We have received a notice of cancellation
on the aforementioned corporation.

Please be advised that this corporation was
renewed in April 2002. We are enclosing a copy
of our cancelled check #1321 for \$150.00.

We are also attaching a new UBR form.

Should you need any further information
please contact us at (305) 668-4117.

Thank you.



Douglas W. Oesterle

DWO/ko
encl