

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 NOV 30 AM 10:10

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # 572441

1. Corporation Name

MARCO REALTY AND MANAGEMENT  
COMPANY

2. Principal Office Address

6431 COWDEN ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FLA

City & State

Zip

33014

Country

MIAMI DARE

Zip

3

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 1978

5. FEI Number

59-1881452

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01-05

WOP

**7. Name and Address of Current Registered Agent**

Name

JERI MACALUSO

Street Address (P.O. Box Number is Not Acceptable)

6361 COWDEN ROAD

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33014

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Jeri Macaluso

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DAED MELTZER	6431 COWDEN ROAD	MIAMI LAKES FL 33014

100062207341  
12/15/05--01058--015 \*\*750.00

10. 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:

DAED MELTZER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/28/05

Daytime Phone #

305/5582058