

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

IMPROVED  
AND  
FILED

02 APR 18 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 855825

**1. Corporation Name**

U.W. MARX, INC.  
20 GURLEY AVE.  
TROY, NY 12182

**2. Principal Office Address**

SAME AS ABOVE

**3. Mailing Office Address**

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

TROY, NY 12182

**City & State**

TROY, NY 12182

Zip

12182

Country

USA

Zip

12182

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

INC. 01-15-59

**5. FEI Number**

14-1438817

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

ULRICH W. MARX

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

6440 MOURNING DOVE DRIVE

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34210

**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

*Ulrich W. Marx*

Date 3.13.02

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
PRES.	PETER B. MARX	20 GURLEY AVE., TROY, NY 121	TROY, NY 12182
V.P.	JOHN W. BISHOP, JR.	20 GURLEY AVE.	TROY, NY 12182
C.S.	DEB LAJEUNESSE	20 GURLEY AVE.	TROY, NY 12182
COB	ULRICH W. MARX	6440 MOURNING DOVE DR.	BRADENTON, FL 34210

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Ulrich W. Marx*

3.13.02

CR2ED81 (9/01)