

A01000000192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 16 PM 12:27

12/26

DOCUMENT # A01000000192

1. Name of Limited Partnership

Markor, Ltd.

REINSTATEMENT 2002-2003

900025534459  
12/16/03--01072--026 \*\*1870.50

2. Principal Office Address 251 Southern Blvd.		3. Mailing Office Address same		4. Date Formed or Registered To Do Business in Florida 2/6/01	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State West Palm Beach, FL		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip 33405	Country USA	Zip	Country	7a. Capital Contributions as shown on Record: 49,500.00	

8. Name and Address of Current Registered Agent

Name  
Paul A. Krasker, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
625 N. Flagler Drive, 9th Floor

Suite, Apt. #, Etc.

City  
West Palm Beach

State  
FL

Zip Code  
33401

7b. Amount of Capital Contributions in FLORIDA to date:  
49,500.00

**FEES:**

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) PL DATE 12/12/03

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Markorviller, Inc.	251 Southern Blvd.  2002-2003	West Palm Beach, FL 33405	P01000013586
REINSTATEMENT			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Mal Kathryn DATE 12/12/03

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Telephone Number \_\_\_\_\_

CR2E038 (10/02)