PLE	ASE READ	ALL INSTRUCT	IONS BEFOR	RE C	OMPLETING THIS FO	RM.	
LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STA Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED SECRETARY OF STA DIVISION OF CORPORA 00 NOV 17 AMII:		
DOCUMENT # A98000000937 1. Name of Limited Partnership Marco Acquisitions, Limited						P	
2. Principal Office Address 400 Binks Forest Drive Suite, Apt. #, etc.		3. Mailing Office Address \$ 400 Binks Forest Drive Suite, Apt. #, etc.			4. Date Formed or Registered To Do Business in Florida 04/14/1998 5. FEI Number Applied For Not Applicable		
City & State Wellington FL Zip Country 33414 USA		City & State Wellington FL Zip Country 33414 USA			CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status 7a. Capital Contributions as shown on Record: \$990.00 7b. Amount of Capital Contributions in FLORIDA to date:		
Name and Address of Current Registered Agent Name Michael S. Weiner, Esq. Street Address (P.O. Box Number is Not Acceptable) 102 North Swinton Avenue Suite, Apt. #, Etc. City Delray Beach State Zip Code 33444					\$990.00 FEES: 1.) Filling 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 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) DATE 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							
Marco Acquisition	ns, Inc.	32260 King	Street	New	Boston, MI 48164 400034 -12/12/1 ****64	00 0102	540

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

♪. David Hickey

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 the information of principal properties of the pro

Typed or Printed Name of General Partner Signing Form

Corporations from any diability on this annual report is true at trustee empowered to execute

SIGNATURE

DATE 10-18-280

Telephone Number 561-795-0595