

PLEASE READ ALL INSTRUCTIONS

EDUCATION FLORIDA DEPARTMENT OF
AND 367 Sandra B. E.
STATEMENT Secretary
DIVISION OF CORPORATE AFFAIRS

DOCUMENT # F17367

MARCON MANAGEMENT CORP., LTD.

FILED

98 JAN 27 AM 10: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
201-Sr-Biscayne-Bldv--201-Sr-Biscayne-Bldv----	201-Sr-Biscayne-Bldv--201-Sr-Biscayne-Bldv----
Tew-6-Beasley, 26th-FL-Tew-6-Beasley, 26th-FL----	Tew-6-Beasley, 26th-FL-Tew-6-Beasley, 26th-FL----
Miami, FL-33131-4336--Miami, FL-33131-4336----	Miami, FL-33131-4336--Miami, FL-33131-4336----
US-----US-----	US-----US-----

2. New Principal Office Address, If Applicable 777 S. Flagler Drive	3. New Mailing Office Address, If Applicable 777 S. Flagler Drive
---	---

Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 900 East Tower	Suite 900 East Tower

City & State West Palm Beach, FL	City & State West Palm Beach, FL
--	--

Zip 33401	Country US	Zip 33401	Country US
---------------------	----------------------	---------------------	----------------------

01/23/81

5. FEI Number 59-2087299	Applied For
	Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPST	Marvin L. Arbuck	20 Breen Crescent	Willowdale, Ontario M20 1Z7 CANADA
			300002420619--6 -02/03/98--01105--002 ****300.00 ****300.00
		REINSTATEMENT.	97-98 CM

9. Name and Address of New Registered Agent

Tague, Brian, Esquire
c/o Tew & Beasley
201 S. Biscayne Blvd., 26th Floor
Miami, FL 33131 US

Name		
Thomas E. Streit, Esquire		
Street Address (P.O. Box Number is Not Acceptable)		
777 S. Flagler Drive		
Suite, Apt. #, Etc.		
Suite 900 East Tower		
City	State	Zip Code
West Palm Beach	FL	33401 US

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.

Signature of
Registered Agent _____ Thomas C. Street
REGISTERED AGENT MUST SIGN

Date 1-19-98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

Marvin L. Arbuck
President

1-20-98 416-225-8345

Date _____ Daytime Phone # _____

CR2E040 (12/96)