

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000003221

1. Corporation Name

THE MARBLEDGE GROUP, INC.

Principal Place of Business

Mailing Address

1800 4TH AVE N  
LAKE WORTH FL 33461  
US

1800 4TH AVE N  
LAKE WORTH FL 33461  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/14/1993

5. FEI Number

59-3041367

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

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
PD	GERARD VIVERITO	107 YACHT CLUB WAY, APT. 110	NYPOLOUXO FL
C	SIDNEY DWORKIN	2600 S. OCEAN BLVD APT 12F	BOCA RATON FL
TD	FRIEDMAN, JONATHAN	1824 LYNTON CIRCLE	WELLINGTON FL
P/D	E. J. VENTER	14544 AUTUM AVE	WELLINGTON, FL 33414
			600002706256--5 -12/08/98-01050-022
			***758.75 ***758.75

8. Name and Address of Current Registered Agent

FRIEDMAN, JONATHAN  
1800 4TH AVE N  
LAKE WORTH FL 33461

9. Name and Address of New Registered Agent

Name

E. J. VENTER

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

1800 4TH AVENUE NORTH

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33461

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11/18/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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)(f), 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 REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

11/18/98

Date

561.585.7400

Daytime Phone #

FILED

98 NOV 23 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT



CR2E040 (9/98)