

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 NOV 22 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000002151

**1. Corporation Name**

Marco Acquisitions, Inc.

**REINSTATEMENT 2000**

**2. Principal Office Address**

400 Binks Forest Drive

Suite, Apt. #, etc.

City & State

Wellington Florida

Zip

33414

Country

USA

**3. Mailing Office Address**

400 Binks Forest Drive

Suite, Apt. #, etc.

City & State

Wellington Florida

Zip

33414

Country

USA

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

04/14/1998

**5. FEI Number**

383405577

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

Michael S. Weiner, Esq.

800003478058-7

-11/28/00--01041--108

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

102 North Swinton Avenue

\*\*\*\*785.00 \*\*\*\*750.00

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33444

**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

*Michael S. Weiner*

REGISTERED AGENT MUST SIGN

Date

11/2/00

**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
DPS	P. David Hickey	400 Binks Forest Drive	Wellington FL 33414
D	Theodore Rekstis	32260 King Street	New Boston, MI 48164
D	V. Robert Colton	32260 King Street	New Boston, MI 48164

S. PAYNE NOV 28 2000

**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:

*P. David Hickey*

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-2000

Date

561-795-0595

Daytime Phone #

CR2E081 (9/99)