

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

JUL 12 AM 9:34

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G 04397

1. Corporation Name

Mark Equipment Center of South Florida, Inc.

Principal Place of Business

4400 N. Scottsdale Rd.
262
Scottsdale, AZ
85251 US

Mailing Address

4400 N. Scottsdale Rd.
262
Scottsdale, AZ
85251 US

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

2. New Principal Office Address, If Applicable

612 S. Greenwood Ave.
Suite, Apt. #, etc

City & State

Clearwater, FL
Zip 33756 Country US

3. New Mailing Office Address, If Applicable

1300 G El Paseo Road
Suite, Apt. #, etc

City & State

Las Cruces, NM
Zip 88001 Country US

REINSTATEMENT 98-99

4. Date Incorporated or Qualified
To Do Business in Florida

10-14-82

5. FEI Number

59-2239203

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
P	Moloney, Edward J.	1300 G El Paseo Rd., #225	Las Cruces, NM 88001
V/S/T	Moloney, Patricia	1300 G El Paseo Rd., #225	Las Cruces, NM 88001

400002940444--5
-07/23/99--01084--020
****908.75 ****908.75

8. Name and Address of Current Registered Agent

Registered Corporate Agents, Inc.
612 S. Greenwood Ave.
Clearwater, FL 33756

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

State
FL

Zip Code

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

Peggy Sue Johnson
REGISTERED AGENT MUST SIGN

Date

June 18, 1999

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)(j), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Edward J. Moloney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
7-1-99

561-707
0770
Dwelling Phone #