

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

03 FEB 21 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H25523

1. Corporation Name

MARKS-3ZET OF FLORIDA, INC.

600012974016
02/21/03--01120--001 **1073.75

2. Principal Office Address

3495 5TH AVE. N.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

Country

33713

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/1984

5. FEI Number

59-2473404

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

CHESTER W. INGALLS, CPA

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

3495 5TH AVE. N.

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State
FL

Zip Code

33713

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 02/17/2003

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
P	MICHAEL MARKS	MARKSCHEIDERHOF 28	D-45481 MUEHLHEIM, GERMANY

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:

[Signature]

MICHAEL MARKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/2003 727-327-0406

Date

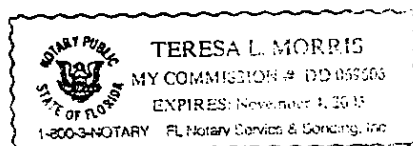
Daytime Phone #

gr 2/24



This is to certify this is a true copy of the passport
original, brought before me 2-14-03.

Teresa L. Morris



INGALLS ASSOCIATES, PA, CPAs

3495 Fifth Avenue North

St. Petersburg, FL 33713

(727) 327-0406 - Fax (727) 327-1598

E-mail: chester.ingalls@ingallscpa.com

February 18, 2003

Certified Mail: 7000 0520 0017 8992 9030

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: MARKS-3ZET OF FLORIDA, INC.
DOCUMENT # H23323

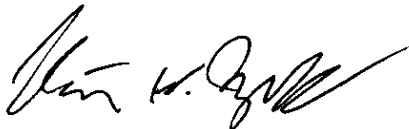
Department of State:

We are enclosing a completed corporation reinstatement form for Marks-3Zet of Florida, Inc. Along with a check for \$1073.75 to reinstate this corporation including a certificate of status. The fee was discussed and agreed to by the Division and the attorney representing the corporation, namely Edelgard G. Ashcraft, Esq. Ms. Ashcraft indicates that no officer received the annual report forms in the past and it is believed that the previous attorney and agent for the corporation was deceased or no longer in practice. We are also providing a copy of Michael Marks passport, who is the President, for your review if needed.

Please reinstate and provide the Certificate of Status as requested as soon as possible. Thanking you for your attention to these matters.

Very truly yours,

INGALLS ASSOCIATES, PA, CPAs



Chester W. Ingalls, CPA, CFP, CLU

Enclosures

cc: Michael Marks, President
Ega Ashcraft, Esq.