PLÉASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORA REINSTATE	í		FLORIDA DEPA Secre	tary of	State	STATE	2	FILED 1010 HAY 20 PK	2: 15	
DOCUMENT # 丁 35764 1. Corporation Name							CONTRACTORS, TALLAHACOTE, FLOUR			
ALAN K. MARCUS, P.A.										
Principal Office Act	Mailing Office Act	Office Address			05/20/	10181144 10-01005-018	611 **3308.75			
2600 DOUGLAS ROAD			2600 DOUGLAS BOAD			CR2E081 (4/10)				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			Date Incorporated or Qualified				
City & State			City & State			To Do Business in Florida				
LORAL GABLES R			GORAL GABLES FL			5. FEI Number . Applied For Not Applicable				
Zip	Country	,	Zip	Cou	•	-	6.	SE STATUS DESIBED 58	.75 Additional Fee required	
33134	<u>US</u>		33134 Current Registered A		s A		CERTIFICATE	OF STATUS DESIRED E	for a Certificate of Status	
Name Nicholas M. Vicente, Street Address (P.O. Box Number is Not Acceptable) Zloco Douglas Road Suite, Apt. #, Etc. Suite IIII City Coral Gables				Esq. State Zip Code FL 33134			PROFIT CORPORATIONS ONLY The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
8. I, being appointed the registered agent of the above period corporation, am familiar with and accept the obling signature of Registered Agent REGISTERED AGENT MUST SIGN								Date Date		
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/D A.	D. ALAN K. MARCUS			14924 SW 144			COURT	MIAMI	ZL 33186	
								ATEME	NT 2010	
10. E-mail Address: AMARCUS C MARCUS LAW GENTER. COM (To be used for future annual report notification)										
filing this reinstater	ment application corporation have	n, the reason for d e been paid. I furti	issolution has been eli	nowered to minated, the tion indicate	execute the corporate ed on this a	nis applicat name satist pplication is	ion as provided fies the requirement true and accurate	for in chapter 607 or 617, F.S ents of section 607.0401 or 6 e, and my signature shall hav	17.0401, F.S., that all	

MARCUS LAW CENTER, LLC

SUITE 1111 2600 DOUGLAS ROAD CORAL GABLES, FLORIDA 33134

ALAN K. MARCUS, ESQ. NICHOLAS M. VICENTE, ESQ. TEL: (305) 507-1203 FAX: (305) 507-1204

le car image

May 19, 2010

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Dissolution of Alan K. Marcus, PA (Document Number P10000042675) and Reinstatement of Alan K. Marcus, P.A. (Document Number J35764)

Dear Sir or Madam:

I am the owner of both Alan K. Marcus, PA and Alan K. Marcus, P.A. In an attempt to reinstate Alan K. Marcus, P.A. (J35764), my office inadvertently created Alan K. Marcus, PA (P10000042675) as a new filing on May 18, 2010. It was my intent both at that time and now to reinstate Alan K. Marcus, P.A. (J35764) by paying all necessary reinstatement fees, and not to open a new corporation as was done. I was informed that the proper procedure to correct this error was to dissolve the new corporation, Alan K. Marcus, PA (P10000042675), and I have filed the appropriate paperwork to do so. Once dissolved, I was informed that I would be able to reinstate Alan K. Marcus, P.A. (J35764) by paying said fee(s) and writing this letter informing the Division of Corporations that I release said name to be reinstated as Alan K. Marcus, P.A. (J35764).

It is my belief that the attached documents and payment shall be sufficient to reinstate Alan K. Marcus, P.A. (J35764) without delay. Should any additional documentation or information be necessary, please do not hesitate to contact my office at (305) 507-1203 so that the corrective measures may be promptly taken.

Thank you in advance for your time and attention to this matter.

Very truly yours,

Alan K. Marcus