

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K11932

1. Corporation Name

MARKS FURNITURE COMPANY, INC.

Principal Place of Business

5078 BAYOU BLVD  
PENSACOLA FL 32503-2522

Mailing Address

5955 AIRPORT BLVD  
LA-Z-BOY FURN GALLERY  
MOBILE AL 36608  
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

01/13/1988

5. FEI Number

63-0971340

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MARKS, DAVID S., III	3720 KENTAN DR	MOBILE AL
D	MARKS, LISA S.	3720 KENTAN DR	MOBILE AL

800004745418 8  
-12/31/01--01080--005  
\*\*\*\*150.00 \*\*\*\*150.00

01438 78

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARKS, DAVID S., III  
5078 BAYOU BLVD  
PENSACOLA FL 32504

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

David S. Marks III  
REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/23/02

11. 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:

David S. Marks III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/23/02 (251)  
341-1036

CR2E040 (8/01)

PAGE 2 of 2



RUSSELL • THOMPSON • BUTLER & HOUSTON, L.L.P.  
CERTIFIED PUBLIC ACCOUNTANTS

December 18, 2001

LOUIS G. RUSSELL, CPA  
MICHAEL C. THOMPSON, CPA  
JAMES D. BUTLER, CPA  
ROBERT J. HOUSTON, CPA  
GLENN W. BROWN, III, CPA

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

Re: Marks Furniture Company, Inc.  
EIN: 63-0971340  
Reinstatement Application

Dear Sir or Madam:

Please find enclosed the above-referenced taxpayer's Application for Reinstatement. Also, enclosed you will find the taxpayer's annual report fee. We ask that the reinstatement fee of \$600 be waived due to extenuating circumstances.

First, let me state that the taxpayer has been qualified to do business in Florida since January 13, 1988. During that time, the taxpayer has made every effort to file the Annual Report in a timely fashion. The person who has filed the Annual Report every year was not available to work as she was forced to care for her father who was extremely sick with cancer. She merely forgot to relay the message to someone else that the annual report was due and needed to be filed.

Based on the taxpayer's history of timely filing of the Annual Report and the above noted circumstances, please waive the \$600 reinstatement fee for Marks Furniture Company, Inc. Should you need any additional information, please do not hesitate to call me at (251) 473-5550.

Sincerely yours,

A handwritten signature in cursive script that reads "Briley".

Briley E. Shirah  
Tax Senior

BES:cl  
Enclosures