

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 APR 30 AM 11:52

DOCUMENT # **K20796**

1. Corporation Name

**MARK-1 ENTERPRISES, INC.**

Principal Place of Business

620 NW 35TH CT  
 FT LAUDERDALE FL 33309

Mailing Address

P.O. BOX 23964  
 FT. LAUDERDALE FL 33317

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



**REINSTATEMENT 00-01**

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/12/1988	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0046420	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	BLACKMON, ANITA	620 NW 35TH CT	FT LAUDERDALE FL 33307
V	BLACKMON, MARK	620 NW 35TH CT	FT LAUDERDALE FL 33307
V	BLACKMON, WILLIAM R	620 NW 35TH CT	FT LAUDERDALE FL 33307
			100004194941--2
			<del>05/11/01 01018 013</del>
			****908.75 ****908.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BLACKMON, ANITA 620 NW 35TH CT FT LAUDERDALE FL 33309		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State <b>FL</b>	
		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: Anita Blackmon Date: 2-14-01

REGISTERED AGENT MUST SIGN

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 or on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Anita Blackmon Pres. Date: 2-14-01 Daytime Phone #: 954-566-0091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)