

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 JAN -9 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006495

1. Corporation Name

MAX & PEARL ANN MARCO FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

4000 ISLAND BLVD.
WILLIAMS ISLAND FL 33160

4000 ISLAND BLVD.
WILLIAMS ISLAND FL 33160



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

REINSTATEMENT

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2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0713646

Applied For

Not Applicable

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33160

33160

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 3	City / State / Zip 4
D	MARCO, MAX	4000 ISLAND BLVD. 7000 ISLAND BLVD ST 2402	WILLIAMS ISLAND FL 33160 MIAMI, FL 33160
D	MARCO, PEARL A	4000 ISLAND BLVD. 7000 ISLAND BLVD ST 2402	WILLIAMS ISLAND FL 33160 MIAMI, FL 33160
D	MARCO, DAVID	9 ISABELLA WAY	DEMAREST NJ 07627
			100003536781--1 -01/16/01--01020--003 *****61.25 *****61.25
			100003536781--1 -01/16/01--01020--004 ****175.00 ****175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARCO, MAX
4000 ISLAND BLVD
WILLIAMS ISLAND FL 33160

Name

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

7000 ISLAND BLVD

Suite, Apt. #, Etc.

APT 2402

City

MIAMI

State

FL

Zip Code

33160

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

Max Marco

REGISTERED AGENT MUST SIGN

Date

1/22/2000

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Max Marco

Date

1/22/2000

Daytime Phone #

CR2E040 (800)