

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 DEC 28 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000006495**

1. Corporation Name

**MAX & PEARL ANN MARCO FAMILY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

7000 ISLAND BLVD.  
#2402  
MIAMI FL 33160

7000 ISLAND BLVD.  
#2402  
MIAMI FL 33160



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

REINSTATEMENT

2001

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

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MARCO, MAX	7000 ISLAND BLVD., #2402	MIAMI FL 33160
D	MARCO, PEARL A	7000 ISLAND BLVD., #2402	MIAMI FL 33160
D	MARCO, DAVID	9 ISABELLA WAY	DEMAREST NJ 07627
			600004765406--0 -01/10/02--01076--003 ****236.25 ****236.25 LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARCO, MAX  
7000 ISLAND BLVD  
#2402  
MIAMI FL 33160

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

*Max Marco*  
REGISTERED AGENT MUST SIGN

Date

12/15/01

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (801)