

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 7:40

DOCUMENT # P00000029699

1. Corporation Name

MESSAGE BY MARK, INC.

Principal Place of Business

Mailing Address

916 NE 17TH COURT
FORT LAUDERDALE FL 33305

916 NE 17TH COURT
FORT LAUDERDALE FL 33305



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

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

Not Applicable

Zip

Country

Zip

Country

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	FISHER, MARK	916 NE 17TH COURT	FORT LAUDERDALE FL 33305

200004669052--3

-11/06/01--01057--010

****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FISHER, MARK
916 NE 17TH COURT
FORT LAUDERDALE FL 33305

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

Mark A Fisher

Date

10-17-01

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 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:

Mark A Fisher MARK A FISHER 10-17-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TUESDAY Oct 16, 2001

To: Whom it may concern
I never was sent a renewal
of corporation notice in January.
Enclosed is my check for \$150.00.
I hope this satisfies your requirement.
for what you need from me.
Thank you for your cooperation.

Sincerely yours

Mark A. Fisher

MAILED BY MARK
916 NB 1767
Ft. Lauderdale, FL
33305
954-463-6791