

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P01000106928</b>	
1. Entity Name <b>MARQUIS CONSTRUCTION COMPANY</b>	



FILED

05 AUG -1 PM 4: 56

FALLAHASSEE, FLORIDA



Principal Place of Business <b>2632 HOLLYWOOD BLVD SUITE # 308 HOLLYWOOD, FL 33020</b>	Mailing Address <b>2632 HOLLYWOOD BOULEVARD SUITE 308 HOLLYWOOD, FL 33020</b>
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2. Principal Place of Business <b>1909 Harrison Street</b>	3. Mailing Address <b>1909 Harrison Street</b>
Suite, Apt. #, etc. <b>Suite 110</b>	Suite, Apt. #, etc. <b>Suite 110</b>
City & State <b>Hollywood, Florida</b>	City & State <b>Hollywood, Florida</b>
Zip <b>33020</b>	Country <b>U.S.A.</b>

04132005 REIN-P CR2E098 (6/04)

4. FEI Number <b>65-1150158</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>OCE, BERTRAM P 2632 HOLLYWOOD BLVD STE 308 HOLLYWOOD, FL 33020</b>
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7. Name and Address of New Registered Agent Name <b>Natalie E. Oce</b> Street Address (P.O. Box Number is Not Acceptable) <b>1909 Harrison Street</b> Suite 110 City <b>Hollywood, FL</b> Zip Code <b>33020</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Natalie E. Oce* DATE April 15, 2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD OCE, BERTRAM P 2632 HOLLYWOOD BLVD STE 308 HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Oce, Bertram P. 1909 Harrison Street, Suite 110 Hollywood, Florida 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eric-Brandon M. Oce <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President 1909 Harrison Street, Suite 110 Hollywood, Florida 33020 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Natalie E. Oce* DATE April 15, 2005 DAYTIME PHONE # 954.678.8899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR