


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 APR -5 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000112368 1. Entity Name MARKA CORPORATION					
Principal Place of Business 20515 COUNTRY CLUB DR 7446 AVENTURA, FL 33180-1713			Mailing Address 20515 COUNTRY CLUB DR 7446 AVENTURA, FL 33180-1713		
2. Principal Place of Business 3300 N.E 191 Street Suite, Apt. #, etc. APT 605 City & State AVENTURA FLA. Zip 33180-2442 Country US		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-1157797				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				REINSTATEMENT 012826053 REIN B CR2E098 (6) 04-05	
6. Name and Address of Current Registered Agent ZAKALIK, MARIO K 3625 NORTH COUNTRY CLUB DRIVE APT. 1004 AVENTURA, FL 33180-1713			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3300 NE 191 Street APT 605 City AVENTURA FL FL Zip Code 33180		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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	PD ZAKALIK, MARIO K 3625 NORTH COUNTRY CLUB DR. APT. 1004 AVENTURA, FL 331801713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3300 N.E 191 ST. #605 AVENTURA FLA 33180-2442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FINKELSTEIN, RAQUEL N 3625 NORTH COUNTRY CLUB DR. APT. 1004 AVENTURA, FL 331801713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3300 N.E 191 STREET #605 AVENTURA FLA 33180-2442	
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 300051208673 04/19/05--01050--008 ***300.00	
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 03/25/05	
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 305 9358421	
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: MARIO KAC Date: 03/25/05 Daytime Phone #: 305 9358421 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					