

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC 15 AM 9:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000046926

1. Corporation Name

MARK G. ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2584 SE 9TH STREET
POMPANO FL 33062

2584 SE 9TH STREET
POMPANO FL 33062



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/2002

5. FEI Number

Applied For

Not Applicable

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
P	GASPER, MARK	2584 SE 9TH STREET	POMPANO FL 33062

000025504080
12/15/03--01036--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GASPER, MARK
2584 SE 9TH STREET
POMPANO FL 33062

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E040 (7/03)

Richard C. Pollock, CPA, PA
7797 N. University Drive Ste 105
Tamarac, FL 33321
954-726-2537

December 12, 2003

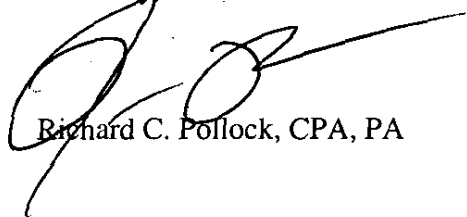
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Mark G. Enterprises
P02000046926

We are the accountants for the above named client. This is the first correspondence our client has received. He never received any earlier correspondence. Enclosed is a check for \$150.00. Please re-activate his corporation and notify our client.

If you have any further questions, please feel free to contact us.

Sincerely,



Richard C. Pollock, CPA, PA