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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -6 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000072438

1. Corporation Name

Bob Markey, Inc

2. Principal Office Address

6879 Town Harbour Blvd

Suite, Apt. #, etc.

#1214

City & State

Boca Raton, FL

Zip

33433

Country

USA

3. Mailing Office Address

6879 Town Harbour Blvd

Suite, Apt. #, etc.

#1214

City & State

Boca Raton, FL

Zip

33433

Country

USA

REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

7-2-02

5. FEI Number

542062441

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carol A Markey

Street Address (P.O. Box Number is Not Acceptable)

6879 Town Harbour Blvd

Suite, Apt. #, Etc.

#1214

City

Boca Raton

State

FL

Zip Code

33433

200038954872

07/09/04--01078--005 **30.00

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Carol A. Markey

REGISTERED AGENT MUST SIGN

Date

6/30/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Robert G. Markey	6879 Town Harbour Blvd #1214	Boca Raton, FL 33433

10. 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:

Robert G. Markey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

2 of 2

6/30/04

To Whom it may concern:

I am Requesting a waiver
of the \$600⁰⁰, due to the fact
that I never received any kind
of information or application in
the mail of any sort. Please
understand that I have moved
to a different address.

Thank you!

Gail Markey

c/o Bob Markey, Inc