
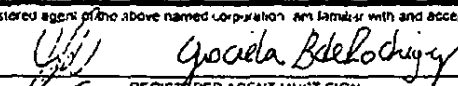
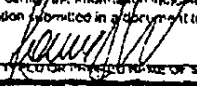


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 DEC 29 PM 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CRJ2091 (11/10)	
DOCUMENT # <b>P090001006Z1</b>					
1 Corporation Name <b>MARCUS GREGO INC</b>					
2. Principal Office Address - No P.O. Box # <b>2101 Ocean Drive Tower</b>		3. Mailing Office Address <b>2101 Ocean Drive Tower</b>			
State, Apt. #, etc. <b>4 # 2808</b>		State, Apt. #, etc. <b>4 # 2808</b>			
City & State <b>Hollywood, Florida</b>		City & State <b>Hollywood, Florida</b>			
Zip <b>33019</b>	Country <b>USA</b>	Zip <b>33019</b>	Country <b>USA</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>12/15/2009</b>	
				5. FEI Number <b>27-1498955</b>	Applied For <input type="checkbox"/> No Application
				6. CERTIFICATE OF STATUS DESIRED <b>\$0.75 Additional Fee required per a Certificate of Status</b>	
7. Name and Address of Current Registered Agent					
NAME <b>DE RODRIGUEZ, GRACIELA B.</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>2101 S. OCEAN DR.</b>					
State, Apt. #, etc. <b>TOWER 4 # 2808</b>					
City <b>HOLLYWOOD</b>		State <b>FL</b>	Zip Code <b>33019</b>	<b>900233738849</b> <b>12/29/16--01921--003 **900.00</b>	
8. I am 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		 <b>Graciela B. Rodriguez</b> REGISTERED AGENT MUST SIGN		Date <b>11/12/2016</b>	
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	
P	Mauricio Itzcovich	Av Italia 4667		Montevideo, Uruguay, 11500	
10. E-mail Address: <b>mitzcovich@varinter.com.uy</b> (to be used for future annual report notification)					
11. I certify that I am an officer or director or the receiver or trustee employed 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 617.155, F.S.					
SIGNATURE:		 <b>Mauricio Itzcovich</b>		Date _____	

K. ASHTON