

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **P92000010930**
1. Corporation Name **MARION INDUSTRIAL Properties Inc.**

FILED
97 MAY 16 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**2420 S.W. 7TH AVENUE.
OCALA, FL 34474.**

REINSTATEMENT 93-97

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		4. Date Incorporated or Qualified To Do Business in Florida 12-10-1992.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3158321	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	ROBERT M. AUBREY	2420 S.W. 7 TH Ave	OCALA, FL 34474.
S/D	CAREN J. AUBREY	2420 S.W. 7 TH Ave	OCALA, FL 34474
V/D	GERTRUDE M. AUBREY	P.O. Box 25 NA	Union, IL 60180.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

2420 S.W. 7 TH Ave. OCALA, FL 34474. ROBERT M. AUBREY		Name Street Address (P.O. Box Numbers Not Acceptable) Suite, Apt. #, Etc. City		200002183832--9 05/19/97-01173-001 ***1418.75 ***1418.75 State FL		Zip Code
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10. If being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Robert M. Aubrey** Date **5-16-97.**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒.

(See other side for information on intangible tax.)

12. 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 M. Aubrey, President** 3-16-97 352-351-0076.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)