

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg. 1 of 2

APPLICATION FOR 97-98	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

98 MAR 26 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97-98
AR

DOCUMENT # P93000007525
1. Corporation Name MARCO PROPERTIES, INC.

Principal Place of Business 460 TAMARIND DRIVE HALLANDALE, FLA. 33309	Mailing Address
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

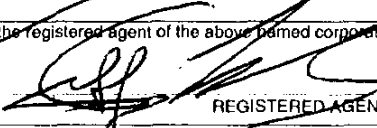
2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS 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)			
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
PRES V. PRES SECTY TREAS	MARTIN H. ROTHFELD	460 TAMARIND DRIVE HALLANDALE, FL. 33009	HALLANDALE, FL. 33009

3000002479023 - 7
-04/06/98 --01005--010
****315.00 ****315.00

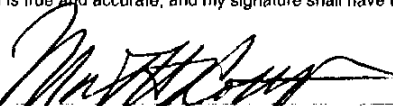
A. Alamo
3/26/98

8. Name and Address of Current Registered Agent JEFFREY FEINBERG, ESP. 4000 HOLLYWOOD BLVD SUITE 350 NORTH HOLLYWOOD, FL. 33021	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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. Signature of Registered Agent  REGISTERED AGENT MUST SIGN	Date 3/24/98
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11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.	Yes ☒ No ☐	(See other side for information on intangible tax.)
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 3/20/98	954-456-0527 Daytime Phone #
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CR2E040 (1/98)

pg. 2 of 2
3/23/98

DEPT OF STATE
P.O. Box 6327
TALLAHASSEE, FL. 32314

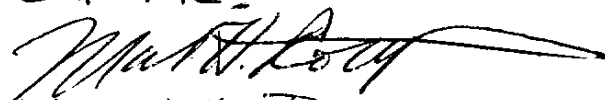
GENTLEMEN,

I AM RELATIVELY NEW TO FLORIDA, AND NOT ENTIRELY FAMILIAR WITH ALL YOUR LAWS.

I FORMED A SMALL CORPORATION IN 1993.

IN 1997, I MOVED, AND DID NOT KNOW TO INFORM YOU OF MY CHANGE OF ADDRESS. AS A RESULT, I FAILED TO RECEIVE THE ANNUAL FORM AND THEREFORE FAILED TO MAIL THE REQUIRED FEE, AND MY CORP BECAME "INACTIVE."

THIS IS A TINY CORPORATION (I AM THE SOLE OFFICER) AND ^{IT} HAS LITTLE ASSETS. THE \$600 REINSTATEMENT FEE POSES A SEVERE HARDSHIP FOR ME. THEREFORE I AM REQUESTING THAT THE \$600 REINSTATEMENT FEE BE WAIVED. PLEASE HELP ME.


MARTIN H. ROTHFELD, PRES.
460 TAMARIND DRIVE
HALLANDALE FL. 33009