PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg. 1 of 2

APPLICATION FOR 97-98 REINSTATEMENT

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

APPROVED AND FILED

98 MAR 26 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000007525

1. Corporation Name
MARCO PROPERTIES, INC.

97-98 AR

Principal Place of Business / Mailing Address
460 TAMARIND DRIVE
HALLANDALE, FLA. 33309

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: 1993

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)

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

300002479023--7
-04/06/98--01005--010
****315.00 ****315.00

A. Allen 3/26/98

8. Name and Address of Current Registered Agent

JEFFREY FEINBERG, ESQ.
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

CR2E040 (1-98)

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

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.)

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: _____, Pres. 3/20/98 954-456-0527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/23/98

DEP'T 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

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