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APPLICATION FOR	PALLINS	A / PA TAE S n Mo	NT OF STATE	1			
REINSTATEMENT	TO .		State RATIONS		FIL	ED.	_
DOCUMENT #P9300	001970	Ol 🐃			98 MAR -	+ PM 3: 00	
MARCO MOVIES, 3	ine.	. •			SECRETA!	RY OF STATE SEE. FLORID	A
Principal Place of Business	Mailing Addr		: ') ne				
2500 Tomini This No Suite 112	S4i	te 112	•	•			
maples, F1. 34103	nac	1115, Fl. 3	4103				
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				Date Incorporate	orated or Qualified		
Suite, Apt. #, etc. Suite, Apt. #, etc.				To Do Business in Florida 5.14-93			
City & State	& State City & State			5. FEI Number Applied For Not Applied For			
Zip Country	Zip	Countr	у	6. CERTIFICATE	OF STATUS DESIRED	S8.75 Additions	ol Fee required
7. Names and Street Addresses of Each Officer a	nd/or Director (Flo	,					
Title(s) Name of Officers and/or Directors	eet Address of Each ficer and/or Director se Post Office Box N		4	City / State / Zip			
Pres. Horvey B. H	DF-mm	Solde II	Ter: 34)	NO.	napha	. <i>F</i> 1. 3	4103
U.P. Jon F. Hansi	jni	178 EDG	oëmone k	my 50.	n naplus.	F1. 34	105
selam citaries she	m way	12 Bron	b)ouve/	Doms	nepls,	F1. 34	105
					000024	49718	a
				-03/06/			-017 315.00
			,				
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent			
Horvey B. Hossman 2500 Tomboni Jail No.			Street Address (P.	O. Box Number is	s Not Acceptable)		
くいけき リン			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				
naples, F1. 34105			City State Zip Code				
10. I, being appointed the registered agent of the a	bove named corpo	ration, am familiar wit	h and accept the obl	igations of Section	on 607.0505, F.S.	FL	
Signature of Registered Agent	REGISTERED AGE	NT MUST SIGN			Date <u></u>	18/58	
 This corporation owes or Intangible Personal Prope 	has paid the erty tax due	e current yea June 30.	Yes 🔀	No 🔲		her side for informat in intangible tax.)	ion
I certify that I am an officer or director or the rethis reinstatement application, the reason for disowed by the corporation have been paid and the on this application is true and accurate, and my	ssolution has been e e names of individu	eliminated, the corpor als listed on this form	ate name satisfies th o do not qualify for a	ne requirements on a exemption unde	of section 607.0401 or	617.0401, F.S., that	all fees
SIGNATURE: SIGNATURE AND TOPED OR BE	AINTED NAME OF SI	HOVEN B.	No STOM	Proide	5 118/58 Date	GV) 445 Daytime Phone #	-2848

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MARCO MOVIES, INC. 2500 TAMIAMI TRAIL NORTH SUITE 112 NAPLES, FLORIDA 34103 Tel: (941) 649-5868

Fax: (941) 261-1489

Harvey B. Hoffman President

February 20,1998

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Gentlemen:

Marco Movies, Inc. is the General Partner of Marco Movie Theater, Ltd., a Florida Limited Partnership. When I sent in the 1998 Annual Report for the partnership it was returned due to the General Partner not filing its 1997 Annual Report. I can not file the annual report if I do not receive the form and I never received the renewal form for Marco Movies, Inc.

When I called to complain about the reinstatement fee of \$900.00 I was told to complete the reinstatement form and return it with a check in the amount of \$315.00. For this reason I have enclosed the following:

- 1998 Limited Partnership Annual Report for Marco Movie Theater, Ltd. plus a check in the amount of \$526.25
- Completed Application for Reinstatement for Marco Movies, Inc. plus a check in the amount of \$315.00

I would also appreciate you sending me the 1998 Annual Report form for Marco Movies, Inc. so that w do not have a reoccurrence of this problem.

Very truly Yours,

Dung Al-