

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000080168

1. Corporation Name

MARKO TERRACE APTS. INC.

Principal Place of Business

13826 SW 102ND COURT
MIAMI FL 33176
US

Mailing Address

13826 S W 102 COURT
MIAMI FL 33176
US

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.	11/19/1993
City & State	City & State	5. FEI Number
Zip	Country	65-0464610
	Zip	CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
	Country	Applied For
		Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PT	KOPPE, ERIC	13826 S W 102 COURT	MIAMI FL
APS PT	KOPPE, GARY	13826 S W 102 COURT	MIAMI FL
VS	Lisa Koppe	13826 SW 102 CT	MIAMI FL 33176

8. Name and Address of Current Registered Agent

ZIMMERMAN, MICHAEL J
13826 S W 126TH STREET
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name Gary Koppe
Street Address (P.O. Box Number is Not Acceptable)
13826 SW 102 CT
Suite, Apt. #, Etc.
City Miami State FL Zip Code 33176

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-20-02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-02 305284508

Date

Daytime Phone #

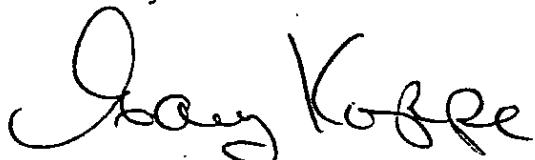
CR25040 (8/02)

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To Florida Department of State;

I did not receive the prior UBR notices. Please process these applications.
I am enclosing the original filing fee of \$150.00.

Sincerely



Gary Koppe
President