

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

96 NOV -4 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000074214

1. Corporation Name
MARSHALL ENTERPRISES OF SOUTH FLORIDA, INC.

Principal Place of Business 4829 WEST BAY VILLA TAMPA FL 33611 3830 W. CYPRESS ST. TAMPA, FL. 33607-4803	Mailing Address 4829 WEST BAY VILLA TAMPA FL 33611 3830 W. CYPRESS ST. TAMPA, FL. 33607-4803
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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 3830 W. CYPRESS ST. Suite, Apt. #, etc.	3. New Mailing Office Address, if Applicable 3830 W. CYPRESS ST. Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 09/26/1985
City & State TAMPA, FL	City & State TAMPA, FL	5. FEI Number 65-0527755 Applied For Not Applicable
Zip 33607	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

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
D	MARSHALL, WILLIAM O	4829 WEST BAY VILLA	TAMPA FL 33611
D	BEVERTJORD, JON A.	8639 LEIGHTON DR.	TAMPA, FL 33614
			000002001010--4 -11/08/96--0111--002 ***375.00 ***375.00

REINSTATEMENT 96 *[Signature]*

8. Name and Address of Current Registered Agent MARSHALL, CHRISTOPHER 4829 WEST BAY VILLA TAMPA FL 33611 NA!	9. Name and Address of New Registered Agent Name: JON A. BEVERTJORD Street Address (P.O. Box Number is Not Acceptable): 8639 LEIGHTON DR. Suite, Apt. #, Etc.: City: TAMPA State: FL Zip Code: 33614
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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: *[Signature]* REGISTERED AGENT MUST SIGN
Date: 10-31-96

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)(f), 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]* JON A. BEVERTJORD 10-31-96 (813)-879-4304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR25040 (7/96)