

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV -4 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000090723

1. Corporation Name

MARCONI ENTERPRISES, INC.

Principal Place of Business

800 WEST OAKLAND PARK BLVD.
WILTON MANORS FL 33311

Mailing Address

800 WEST OAKLAND PARK BLVD.
WILTON MANORS FL 33311



REINSTATEMENT

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.		11/29/1985	
City & State		City & State		5. FEI Number	
Zip		Country		65-062 6136	
				Applied For	
				Not Applicable	
				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/P	GOMEZ, MARCELO	800 WEST OAKLAND PARK BLVD.	WILTON MANORS FL 33311
V/P	Gomez, Constanza	4900 N. Ocean Blvd. Apt. 1008	Ft. Lauderdale, FL 33308
V	Gomez, Ximena	4900 N. Ocean Blvd. Apt. 1008	Ft. Lauderdale, FL 33308
V	Gomez, Nicholas	4900 N. Ocean Blvd. Apt. 1008	Ft. Lauderdale, FL 33308

600002000246-79
-11/08/96-11/04/96
***375.00 (11/03/96)

8. Name and Address of Current Registered Agent

BLODIG, GREGORY J
100 WEST CYPRESS CREEK
SUITE 700
FT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name Steven Amster, Esq.
Street Address (P.O. Box Number is Not Acceptable)
412 SE. 23rd Street
Suite, Apt. #, Etc.
City Ft. Lauderdale
State FL
Zip Code 33316

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 9-17-96

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)(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

9-17-96 (934) 54-0057
Date
Daytime Phone