

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL 26 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

MARCUS LAKE DEVELOPMENT CORPORATION, INC.

895000093364

2. Principal Office Address

105 E. Gregory Square

3. Mailing Office Address

105 E. Gregory Square

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, Florida

City & State

Pensacola, Florida

Zip

32501

Country

USA

Zip

32501

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 12/8/95

5. FEI Number

593350892

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Vincent J. Whibbs, Jr.

Street Address (P.O. Box Number is Not Acceptable)
105 East Gregory Square

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32501

500006825475--9
-08/01/02--01003-019
*****900.00 *****00.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 7/18/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	James C. Boyd	2280 N. 9th Avenue	Pensacola, Florida 32503
VPD	Ralph M. Boyd	2280 N. 9th Avenue	Pensacola, Florida 32503

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/02

Date

880 433-3234

Daytime Phone #

91 7/30/02