

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

01 JAN -3 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # P96000011337

1. Corporation Name

MARKER 88, INC.

2. Principal Office Address

400 S. Dixie Hwy, #421

3. Mailing Office Address

4560 River Bottom Dr.

Suite, Apt. #, etc.

421

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

Norcross, GA

Zip

33432

Country

USA

Zip

30092

Country

USA4. Date Incorporated or Qualified
To Do Business in Florida1/31/96

5. FEI Number

65-0648301

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8 /5 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

~~Corporation Service Company~~Stanley J. Brady

Street Address (P.O. Box Number is Not Acceptable)

~~1201 Hays Street~~400 S. Dixie Hwy, #421

Suite, Apt. #, Etc.

City

BOCA RATONTallahasseeState
FL

Zip Code

33432
33501

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

REGISTERED AGENT MUST SIGN

Stanley J. Brady

Date

1/3/01

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
<u>D</u>	<u>BRADY, Stanley J.</u>	<u>400 S. Dixie Hwy, #421</u>	<u>BOCA RATON, FL 33432</u>
			<u>800003568588</u>
			<u>01/24/01 -- 01006 -- 018</u>
			<u>***1058.75 ***1058.75</u>

REINSTATEMENT

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley J. Brady

Date

1/3/01

Daytime Phone #

(770) 729-8900

CR2E081 (9/99)