

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 DEC 29 AM 10:36

DOCUMENT # **P96000049514**

1. Corporation Name

Marquee Development Inc.

2. Principal Office Address - No P.O. Box #

4801 Troydale Road

Suite, Apt. #, etc.

3. Mailing Office Address

4801 Troydale Road

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33615

Country

Hillsborough

Zip

33615

Country

Hillsborough

CR2E081 (11/10)

DEC 29 2016

L BERGER

4. Date Incorporated or Qualified
To Do Business in Florida

June 7, 1996

5. FEI Number

59-3382032

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lori Craig

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

4801 Troydale Road

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33615

300293728903
12/29/16--01018--012 **\$08.75

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

Lori Craig

Date **December 28, 2016**

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
Pres	Garnett Craig	4801 Troydale Road	Tampa, FL, 33615
Tres.	Lori Craig	4801 Troydale Road	Tampa, FL, 33615
Secy	Lori Craig	4801 Troydale Road	Tampa, FL 33615
REINSTATEMENT			
2016			

10. E-mail Address: **marquedevel@aol.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Lori Craig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dec. 28, 2016

Daytime Phone #

813-966-8099