PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 SEP 17 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09/17/10--01005--013 **1650.00

CR2E081 (6/10)

DOCUMENT # P96000079872

1. Corporation Name
MARCUM 98 DEVELOPMENT, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
200 PIERCE STREET		200 PIERCE STREET	
Suite, Apt. #, etc. SUITE 1A		Suite, Apt. #, etc. SUITE 1A	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33602	Country US	Zip 33602	Country US

4. Date Incorporated or Qualified To Do Business in Florida 09/25/1996

5. FEI Number 59-3406902 ☐ 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: NOBLE RONALD H.

Street Address (P.O. Box Number is Not Acceptable): 501 EAST KENNEDY BOULEVARD

Suite, Apt. #, Etc.: SUITE 1700

City	State	Zip Code
TAMPA	FL	33602

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: R Noble — Date: 9/16/10
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
PSTD	ROOD, EDWARD C.	200 PIERCE ST., SUITE 1A	TAMPA FL 33602
D	ROOD, CLAY B.	200 PIERCE ST., SUITE 1A	TAMPA FL 33602
D	GIBBS, MARGARET R.	200 PIERCE ST., SUITE 1A	TAMPA, FL 33602

10. **E-mail Address:** mjrash1@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., 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.

SIGNATURE: [signature] — 9-16-10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #