

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **PA-7000007652**

1. Corporation Name

**MAR-GOR PROPERTIES, INC.**

Principal Place of Business

Mailing Address

**1428 Brickell Ave  
8th floor  
Miami, FL 33131**

**SAME**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

**2401 S.W. 31st Ave.**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**P.O. Box 403872**

Suite, Apt. #, etc.

City & State

**PEMBROKE PARK, FL**

Zip **33009**

Country

City & State

**MIAMI BEACH, FL**

Zip **33140**

Country

REINSTATEMENT **98-09**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1/21/1997**

5. FEI Number

**65-0734750**

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required  
for a Certificate of Status**

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

| Title(s) | Name of Officers<br>and/or Directors | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | City / State / Zip       |
|----------|--------------------------------------|---|--------------------------|
| 1        | 2                                    | 3   | 4                        |
| P        | SAM GURFINKEL                        | 4626 Pine Tree DR.  | MIAMI BEACH, FL 33140    |
| V        | STUART MARMOR                        | 995 AVE 171st St.   | N. MIAMI BEACH, FL 33162 |
|          |                                      |   |                          |
|          |                                      |   |                          |
|          |                                      |   |                          |
|          |                                      |   |                          |
|          |                                      |   |                          |

8. Name and Address of Current Registered Agent

**JOSHUA MANASTER, ESQUIRE  
1428 BRICKELL AVE 8th floor  
MIAMI FL 33131**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

**REGISTERED AGENT MUST SIGN**

Date

**2/18/99**

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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:

**SAM GURFINKEL PRES.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/18/99 (305) 673-1189**  
Daytime Phone #

CR2E081 (12/98)