

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000038870

1. Corporation Name

MARQUEE THEATRE GROUP, INC.

Principal Place of Business

POST OFFICE BOX 7217  
FORT LAUDERDALE FL 33338

Mailing Address

POST OFFICE BOX 7217  
FORT LAUDERDALE FL 33338

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

04/29/1998

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DREIER, NANCY	POST OFFICE BOX 7217	FORT LAUDERDALE FL 33338
VSD	DREIER, MITCHEL	POST OFFICE BOX 7217	FORT LAUDERDALE FL 33338

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARITZ, NEIL S ESQ  
DREIER & BARITZ  
1515 NORTH FEDERAL HIGHWAY #300  
BOCA RATON FL 33432

Name  
BARITZ, NEIL S. ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
150 E. Palmetto Park Rd.  
Suite, Apt. #, Etc.  
Suite 401  
City  
Boca Raton

State  
FL  
Zip Code  
33432

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of  
Registered Agent

*Neil S. Baritz*  
REGISTERED AGENT MUST SIGN

Date

10/25/99

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 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:

*Nancy A. Dreier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/99

Daytime Phone #

951-473-1747