

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP 22 AM 7:17

DOCUMENT # P98000073041

1. Corporation Name

MARCOR, INC.

2. Principal Office Address

18290 PAULSON DR.

Suite, Apt. #, etc.

A4

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

PT. CHARLOTTE, FL

City & State

Zip

33954

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1998

5. FEI Number

650860601

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-05

**7. Name and Address of Current Registered Agent**

Name

GLENN N. SIGEL ESQ.

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

17825 MURDOCK CIRCLE

100059871841

Suite, Apt. #, Etc.

SUITE A

City

PORT CHARLOTTE

State

FL

Zip Code

33948

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

Date 9-19-05

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip             |
|--------|--------------------------------------|---|--------------------------------|
| PD     | MARK M. COLLINS                      | 18290 PAULSON DR<br>A4                            | PT. CHARLOTTE<br>FLORIDA 33954 |
| VD     | BARBARA E. COLLINS                   | 1441 TAMiami TR.<br>#185                          | PT. CHARLOTTE<br>FLORIDA 33948 |
|        |                                      |   |                                |
|        |                                      |   |                                |
|        |                                      |   |                                |
|        |                                      |   |                                |

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:

MARK M. COLLINS

9-19-05

941-743-0081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #