

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 PM 5:08

DOCUMENT # P98000087992

1. Corporation Name

MARQUEE PROPERTIES, INC.

Principal Place of Business

Mailing Address

14429 S DIXIE HWY
MIAMI FL 33130
US

14429 S DIXIE HWY
MIAMI FL 33130
US



REINSTATEMENT 00

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 33176

Country

Zip 33176

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1998

5. FEI Number 65-08619898

Applied For

NOT APPLICABLE

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ACCURSIO, JAMES J	18702 S OSPREY WAY	JUPITER FL 33450
P	Joaquin Gutierrez	14650 SW 148 AVE	Miami, FL 33196
Q	LOPEZ		000003455050--9 -11/07/00--01062--012 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

GUTIERREZ, JOAQUIN
14650 SW 148 AVE
MIAMI FL 33196

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-13-00

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gutierrez

Date

10-13-00

Daytime Phone #

305-969-7653

CR2E040 (800)