

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
The Honorable
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 23 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000104522

1. Corporation Name

G. MARCUS TRAVEL & WHOLESALE TOURS, INC.

Principal Place of Business

Mailing Address

128 SUNSET COVE LANE
PALM BEACH GARDENS FL 33418

128 SUNSET COVE LANE
PALM BEACH GARDENS FL 33418



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

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-3539016

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	MARCUS, GARY	128 SUNSET COVE LANE	PALM BEACH GARDENS FL 33418

100003455181--1
-11/07/00--01067--024
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARCUS, GARY
128 SUNSET COVE LANE
PALM BEACH GARDENS FL 33418

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

10/12/2000

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

10/12/2000

561-776-8711
Daytime Phone #

LS

2082

G. MARCUS TRAVEL & WHOLESALE TOURS INC.
128 SUNSET COVE LANE
PALM BEACH GARDENS FL 33418
(561) 630-0972

October 12, 2000

Florida Department of State
Division of Corporations
Annual Report Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

Re: Document No. P -98000104522

Dear Sirs:

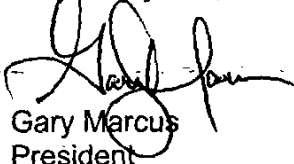
Enclosed is our application for reinstatement of the above corporation and a check in the amount of \$150.

Although we received this document, we have not received any documents previously mailed to us by the Department of State for the current year. For last year we sent the report in on time and would have done so this year as well had we received the documents.

We would appreciate your waiving the reinstatement fee due to the above explanation and establishing the company as active as of May 1, 2000.

Thank you for your assistance.

Very truly yours,



Gary Marcus
President

