

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S59774

1. Corporation Name
MARMOR 163-164 ST., INC.

Principal Place of Business
17945 NORTHEAST 9TH PLACE
N. MIAMI BEACH FL 33162

Mailing Address
17945 NORTHEAST 9TH PLACE
N. MIAMI BEACH FL 33162

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

06/14/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0274367

Applied For

City & State

City & State

NORTH MIAMI BEACH, FL

Zip

Country

Zip

Country

33162

USA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MARMOR, MARTIN	17945 NE 9TH PL.	N. MIAMI BEACH FL
STD	MARMOR, JOSEPH	17945 NE 9TH PL.	N. MIAMI BEACH FL

300002344923--1

11-12-97-1688-206

****165.00 ****165.00

97-10-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARMOR, JOSEPH
17945 NORTHEAST 9TH PLACE
NORTH MIAMI BEACH FL 33162

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 10/28/97

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Marmor

Date

Daytime Phone #

10/28/97

305-944-3020

Marmor 163-164th St., Inc.
17945 N.E. 9th Pl.
North Miami Beach, FL 33162

October 28, 1997

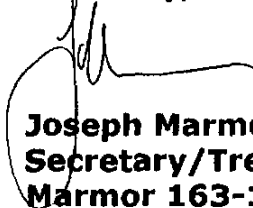
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir/Madame:

To my surprise I received a notice of Administrative Dissolution yesterday October 27, 1997. Having been a corporation since 1991 I have always filed on time. This notice was the first I got from your office for this past year. I request that the corporation be reinstated as before and enclosed is my check for \$165 as per the instructions of your office.

Thank you in advance for your cooperation on the above matter.

Sincerely,



Joseph Marmor
Secretary/Treasurer
Marmor 163-164 St., Inc.