

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 # S89366

1. Corporation Name

MARQUETTE INVESTMENTS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

PO BOX 404128  
MIAMI BEACH FL 33140

PO BOX 402128  
MIAMI BEACH FL 33140

12000 Biscayne Blvd.  
MIAMI, FL 33181

P.O. Box 402128  
MIAMI BEACH FL 33140

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

FILED

98 DEC -2 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 98

4. Date Incorporated or Qualified To Do Business in Florida

10/23/1991

5. FEI Number

65-0297817

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BURSTYN, NIZZA	5255 COLLINS AVE #3D	MIAMI BEACH FL
AS	ELLENBOGEN, BERNARD	440 PARK AVENUE SOUTH	NEW YORK NY 10016

700002707507--9  
-12/09/98--01077--005  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURSTYN, NIZZA  
5255 COLLINS AVE. APT. 3D  
MIAMI BEACH FL 33140

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

*Nizza Burstyn*

REGISTERED AGENT MUST SIGN

Date

Nov 25, 98

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:

*Nizza Burstyn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NIZZA BURSTYN

Date

Nov 25, 98 (305) 861-6076

Daytime Phone #

CR2EQ40 (9/98)