

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP -7 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V49547**

1. Corporation Name

DEMARCO SALES AND CONSULTING OF FLORIDA, INC.

2. Principal Office Address
7000 ISLAND BLVD.

3. Mailing Office Address
7000 ISLAND BLVD.

Suite, Apt. #, etc.
STE. 2402

Suite, Apt. #, etc.
STE. 2402

City & State
AVENTURA, FL

City & State
AVENTURA, FL

Zip Country
33160 USA

Zip Country
33160 USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 7/02/1992

5. FEI Number
650342855

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MAX MARCO

Street Address (P.O. Box Number is Not Acceptable)
7000 ISLAND BLVD.

Suite, Apt. #, Etc.
STE. 2402

City
AVENTURA

State Zip Code
FL 33160

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

Max Marco

REGISTERED AGENT MUST SIGN

Date **8-7-05**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	MAX MARCO	7000 ISLAND BLVD., STE. 2402	AVENTURA, FL 33160

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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

Max Marco

Max Marco, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-7-05

CR2001 (01/05)