


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 OCT 19 PM 3:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V51397**

1. Corporation Name

MARCUM PROGRAMMABLE CONTROLS, INC.

Principal Place of Business

625 E BAY ST
 PO BOX 770524
 WINTER GARDEN FL 34777-0524
 US

Mailing Address

P O BOX 770924
 WINTER GARDEN FL 34777-0524

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

PO BOX 770524

WINTER GARDEN FL

34777

USA

REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida

07/16/1992

5. FEI Number

59-3139865

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MARCUM, GARY VAN	12744 LAKE RIDGE CIRCLE	CLERMONT FL 34711

490004625224-3
 -11/16/01--01078--004
 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

MARCUM, GARY VAN
 12744 LAKE RIDGE CIR
 CLERMONT FL 34711

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

Gary Van Marcum
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date *10/16/01*

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:

GARY V. MARCUM
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *10/16/01* Daytime Phone # *407 654 6119*

CR2E040 (8/01)