PLEASE READ.	ALL INSTE	RUCTIO	NS BEFORE Q	OMPLET	ING THIS FORM.		
APPLICATION FOR	FLORIF	idra	MENT F ST Mori				
DIV ON ON ORPOLATION				FILED			
DOCUMENT # V56957				97 FEB -6 AM 10: 26			
1. Corporation Name				SECRETARY OF STATE			
MARCUS TURNER, INC.				TALLAHASSEE, FLÖRIDA			
Principal Place of Business Mailing Address							
4088 88 PL S 4088 88 PL S BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436							
If above addresses are incorrect in any way, line through incorrect information and enter c 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applica				DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified			
Suite. Apt. #, etc	Suite, Apt. #, et	tc.		To Do Business in Florida 08/12/1992?			
City & State	City & State		***************************************		-0509893	Applied For Not Applicable	
Zip Country	Zip Country .			6. CERTIFICATE OF STATUS DESIRED S8 75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/o	or Director (Florid	la nonprofit co	<u> </u>	 			
Title(s) 1 2 Name of Officers and/or Directors 3 (Do NO			Street Address of Each Officer and/or Director OT Use Post Office Box N				
D DOANE, FAITH T. 4088 88 P			88 PL S		BOYNTON BEACH	TOT .	
D TELLO, PRISCILLA C. 4052							
TIBLE TRIBETIBLE C. 4032 66 PL S			88 PL S	BOYNTON BEACH FL 300020818438 -02/07/97-01094-002 ****390.00 ****390.00			
1							
B. Name and Address of Current R	egistered Agent			9. Name and A	ddress of New Registered Ager	nt	
DOANE, FAITH T. 4088 88 PL S BOYNTON BEACH, FL 33436 Suite, A			Name				
			Street Address (P	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
			City		State Zi	p Code	
10. I, being appointed the registered agent of the above	e named corpora	tion, am famil	iar with and accept the ob	ligations of Section	on 607.0505, F.S.		
Registered Agent WWW / . W	GISTERED AGEN	NT MUST SIG	N	N-9	Date		
11. Does this corporation pay a Dept. of Revenue under S.	ny intangit 199.032, F	ole tax to Florida S	o the tatutes. Yes [□ No □	(See other side for on Intangible		
12 I do hereby certify that the information supplied wi lease the Division of Corporations from any liability certify that I am an officer or director or the receiv this reinstatement application the reason for disso fees owed by the corporation have been paid. The under oath.	er or non-compilan er or trustee emp llution has been e e information ind	ce with Section powered to ex eliminated, the icated on this	on 119.07(3)(k) in the ever ecute this application as p a cornerate name satisfie	nt that the informa provided for in ch is the requiremen	ation supplied is deemed exempt f apter 607 or 617, F.S. I further ce ts of section 607,0401, or 617,040	rom public access. I	
Priscilla C. Tetlo SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Priscilla C. Tetlo Date SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Priscilla C. Tetlo Date Priscilla C. Tetlo SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							

MARCUS TURNER, INC. c/o MRS. FAITH T. DOANE 4088 - 88th Place South Boynton Beach, Florida 33436



January 16, 1997

Reinstatement Division
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Madam/Sir:

We request that you waive the 1997 reinstatement fee because we did not receive the renewal notice.

Because of the strong possibility of mail delivery problems, we request that you amend your records by including the 'care of' information above in your address information for future renewal notices, correspondence, etc.

A check in the amount of \$390.00 is enclosed. Many thanks.

Very truly souls,
MARCUS JURNER, INC.

TRACY DOANE

STATE OF FLORIDA)
COUNTY OF DADE) SS

BEFORE ME personally appeared TRACY DOANE, known to me personally, who executed the above and foregoing document for the purposes therein expressed.

Dated this 17 day of January, 1997.

STEPHEN COHEN
Notary Public, State of Florida
My Comm. expires Jan 24, 1997
Expiration Date CC254750

Commission Expiration Date CC254750
Bonded thru General Insurance Underwriters

NOTARY PUBLIC, STATE OF FLORIDA, AT LARGE