

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 OCT 20 PM 12:06

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # *V1068015*
1. Corporation Name
Marquis Management, Inc.

2. Principal Office Address <i>9400 Gladiolus Dr</i>		3. Mailing Office Address <i>9400 Gladiolus Dr</i>	
Suite, Apt. #, etc. <i>Suite 100</i>		Suite, Apt. #, etc. <i>Suite 100</i>	
City & State <i>Fort Myers FL</i>		City & State <i>Fort Myers FL</i>	
Zip <i>33908</i>	Country <i>USA</i>	Zip <i>33908</i>	Country <i>USA</i>

REINSTATEMENT 2000

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <i>65-0373434</i>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Douglas Gray c/o Prime Management Group Inc

Street Address (P.O. Box Number is Not Acceptable)
6300 Park of Commerce Blvd *700003458047-5*

Suite, Apt. #, Etc.
11/09/00-01013-007
*****750.00-****750.00*

City
Boca Raton

State
FL

Zip Code
33487

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 *X [Signature]* Date *10/2/00*

REGISTERED AGENT MUST SIGN

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
CEO	<i>Myron Swaff</i>	<i>c/o Prime Management Group Inc, 6300 Park of Commerce Blvd</i>	
Director	<i>Douglas Gray</i>	<i>Boca Raton FL 33487</i>	<i>Boca Raton FL 33487</i>
Secretary		<i>c/o Prime Management Group Inc, 6300 Park of Commerce Blvd</i>	
Treasurer		<i>c/o First Service Corporation, 6300 Park of Commerce Blvd</i>	<i>Boca Raton FL 33487</i>
Director	<i>Tim Greener</i>	<i>c/o Marquis Management Inc, 9400 Gladiolus Dr</i>	<i>FT Myers FL 33908</i>
V.P.	<i>Warren Jensen</i>		

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: *X [Signature]* Date *10/2/00* Daytime Phone # *1-941-454-1500*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)

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