

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# J07285

**FILED**  
**Jan 11, 2013**  
**Secretary of State**

**Entity Name:** BELMARM, INC.

**Current Principal Place of Business:**

436 ATLANTIC BLVD  
NEPTUNE BEACH, FL 32266 US

**New Principal Place of Business:**

**Current Mailing Address:**

436 ATLANTIC BLVD  
NEPTUNE BEACH, FL 32266 US

**New Mailing Address:**

**FEI Number:** 59-2693929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIXON, JERROLD D.  
1730 OCEAN GROVE DRIVE  
ATLANTIC BEACH, FL 32233 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** JERROLD D. DIXON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** DIXON, JERROLD D.  
**Address:** 1730 OCEAN GROVE DRIVE  
**City-St-Zip:** ATLANTIC BEACH, FL 32233

**Title:** VP  
**Name:** DIXON, ROSANNA  
**Address:** 1730 OCEAN GROVE DRIVE  
**City-St-Zip:** ATLANTIC BEACH, FL 32233

**Title:** ST  
**Name:** CANIPE, JAMES  
**Address:** 1111 18TH STREET N  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250

**Title:** TRES  
**Name:** CANIPE, CARM  
**Address:** 1111 18TH STREET N  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ROSANNA DIXON

VP

01/11/2013

Electronic Signature of Signing Officer or Director

Date