PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 23 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000099718

1. Corporation Name

McMar Company, Inc.

900030934419
03/23/04--01077--003 **300.00

REINSTATEMENT 03-04

2. Principal Office Address	**3.** Mailing Office Address
782 SW 17th Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach, FL	City & State
Zip: 33444 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 9/16/2002

5. FEI Number 43-1996371 ☐ 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: Michael McKisic

Street Address (P.O. Box Number is Not Acceptable): 782 SW 17th Ave

Suite, Apt. #, Etc.:

City: Delray Beach | State: FL | Zip Code: 33444

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 _____ Date 3/16/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P	Michael McKisic	3702 S. Lancewood Place	Delray Beach, FL 33445
V	Joseph Hartel	5567 N. Lewis Road	West Palm Beach, FL 33415

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: _____ 3/16/04 (561) 272-8388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

McMar Company, Inc.
782 SW 17th Ave.
Delray Beach, FL 33444

March 15, 2004

Florida Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please reinstate McMar Company, Inc. to active status. Enclosed is a check for years 2003 and 2004 filing fees. Also please waive the reinstatement fee since we did not receive the Uniform Business Report for either year at the current address. The address is correct for future correspondences.

Sincerely,

Michael McKisic