

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000080485**

1. Corporation Name

**CONMAR PROPERTIES, INC.**

**FILED**  
96 NOV -4 AM 7:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

412 SOUTHEAST 23RD STREET  
FORT LAUDERDALE FL 33316

412 SOUTHEAST 23RD STREET  
FORT LAUDERDALE FL 33316



**REINSTATEMENT 1996**

*MWB*  
*11-5-96*

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

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 2. New Principal Office Address, If Applicable            |  | 3. New Mailing Office Address, If Applicable |  | 4. Date Incorporated or Qualified To Do Business in Florida |  |
| Suite, Apt. #, etc.                                       |  | Suite, Apt. #, etc.                          |  | 10/19/1985  |  |
| City & State  |  | City & State                                 |  | 5. FEI Number   |  |
| Zip   |  | Country                                      |  | 65-0619622  |  |
|   |  |  |  | Applied For   |  |
|   |  |  |  | Not Applicable  |  |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> |  |  |  |   |  |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip     |
|------------|-------------------------------------|---|--------------------------|
| D          | GOMEZ, MARCELO                      | 412 SOUTHEAST 23RD STREET   | FORT LAUDERDALE FL 33316 |
| D          | GOMEZ, CONSTANZA                    | 412 SOUTHEAST 23RD STREET   | FORT LAUDERDALE FL 33316 |
|            |                                     |   |                          |
|            |                                     |   |                          |
|            |                                     |   |                          |
|            |                                     |   |                          |
|            |                                     |   |                          |

200001998872--2  
-11/07/96-01042-003  
\*\*\*\*\*375.00 \*\*\*\*\*375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLODIG, GREGORY J  
100 WEST CYPRESS CREEK  
SUITE 700  
FORT LAUDERDALE FL 32301

Name *Steven Amster, EM.*  
Street Address (P.O. Box Number is Not Acceptable)  
*412 SE 23rd Street*  
Suite, Apt. #, Etc.  
City *Ft. Lauderdale* State **FL** Zip Code **33316**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date *9-17-96*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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:

*[Signature]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *9-17-96*

*(954) 581-0059*  
Daytime Phone #

CORPORATION (TIN)