

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 JAN -3 AM 5:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



REINSTATEMENT

99

DOCUMENT # P98000022309

1. Corporation Name VAMAR'S, INC.

Principal Place of Business 2195 HARDEY ST. PORT CHARLOTTE FL 33980 Mailing Address 2195 HARDEY ST. PORT CHARLOTTE FL 33980

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

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 03/09/1998 5. FEI Number 105-0819521 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include LINDO, VARON and LINDO, MARJORIE B.

300003099163--9 -01/14/00--01072--017 ****750.00 ****750.00

ILS

8. Name and Address of Current Registered Agent LINDO, MARJORIE B 2195 HARDEY ST. PORT CHARLOTTE FL 33980

9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent MARJORIE LINDO Date 12-01-99 REGISTERED AGENT MUST SIGN

11. 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: Varon Lindo VARON LINDO 12-01-99 (941)-766-1309 Date Daytime Phone #

CR2E040 (8/99)