PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

97 AR

FILED
97 DEC -3 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 399230

1. Corporation Name
SGAMAR INC

Principal Place of Business / Mailing Address
6230-4 West INDIANTOWN RD
JUPITER FL 33458

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
13205 U.S. HWY 1,
Suite, Apt. #, etc.
500
City & State
JUNO BEACH FL
Zip 33408 | Country PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida
4/14/72

5. F.E.I Number
59-1385783
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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
PD	JEAN MARCHESANI	2403 N WALLEN DR.	LAKE PARK, FL 33401
TDM	Joseph M MARCHESANI	407 LAKEWOOD CT. #5C	JUPITER, FL. 33458

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-12/16/97--01078--009
****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: JOHN W KURTZ
Street Address (P.O. Box Number is Not Acceptable): 13205 US Hwy 1
Suite, Apt. #, Etc.: 500
City: JUNO BEACH | State: FL | Zip Code: 33408

CR2E040 (12/96)

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: John W Kurtz
REGISTERED AGENT MUST SIGN
Date: 11/28/97

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: Joe Marchesani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/97 (561) 746-9191
Date Daytime Phone #