PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Katherine Harris f if f $\{f\}$ **FOR** , Pala IARY OF SIGN Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 JUL 28 AM 8: 28 DOCUMENT # F89020 1. Corporation Name PROMARK ASSOCIATES, INC 2901 Clint MOORE Rd Suite 9 BOCA RATON, FL 33496 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 6-25-82 Suite, Apt #, etc. Suite, Apt. #. etc. 5 FEI Number Applied For City & State City & State 59-221-2038 Country Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip BROKER Scott H. Agran Boca Raton, FC 33496 President BOCA RATON, FS KEUIN CARROLL CFO 400002956214--3 -08/10/99--01077--010 ***1050.00 ***1050.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Scott H. Agran 2901 Clint Moore Rd #9 Street Address (P.O. Box Number is Not Acceptable Boca RAton, FL 33496 Suite, Apt. #. Etc. 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 7/27/99 REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Yes 🗀 No 🖾 Intangible Personal Property Tax due June 30. 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 reinstalement 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 AND TYPES OR P

Scott H. Agran 7/27/99 561-998-0100