

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 26 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005392

1. Corporation Name

Admar Corporation

2. Principal Office Address

1551 N. Tustin Avenue

Suite, Apt. #, etc.

Suite 300

City & State

Santa Ana, CA

Zip

92705

Country

USA

3. Mailing Office Address

1551 N. Tustin Avenue

Suite, Apt. #, etc.

Suite 300

City & State

Santa Ana, CA

Zip

92705

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/73

5. FEI Number

95-285-8446

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

Corporation--Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

900025772619

City

Tallahassee

State

FL

Zip Code

32301

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

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

Date 12/26/03

REGISTERED AGENT MUST SIGN

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
PD	Francois Cote	261 Shore Road	Beaconsfield, Quebec Canada H9W 3T9
SVP Marketing	Dale White	20121 Fisher Avenue	Podesville, MD 20837
T	George M. Anderson	7122 Autumn Leaf Lane	Frederick, MD 21702
VPD Finance	Barry Engel	300 Prettyman Drive, Apt.109	Rockville, MD 20850
VP & Sec.	David Feitel	14024 Weeping Cherry Drive	Rockville, MD 20850
			<i>12/26/03</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/10/03

301-548-1000

CR2E081 (10/02)

CSC

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 340876 4309962

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 900.00

ORDER DATE : December 1, 2003

ORDER TIME : 8:13 AM

ORDER NO. : 340876-015

CUSTOMER NO: 4309962

CUSTOMER: Ms. Emily Hoberg
Epstein, Becker & Green
Suite 700
1227 25th St., N.W.
Washington, DC 200371156

RECEIVED
03 DEC 26 AM 10:45
DIVISION OF CORPORATION

REINSTATEMENT

NAME: ADMAR CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____