

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **m 64620**

1. Corporation Name

TREMAR-US INC

FILED
97 NOV 21 PM 4: 07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address

BACK
1161 . BRANCH RD
MARSHALL NC 28753

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

2. New Principal Office Address, If Applicable
1161 BACK BR RD

3. New Mailing Office Address, If Applicable
1161 BACK BR RD

4. Date Incorporated or Qualified
To Do Business in Florida

1-13-88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2879507

Applied For

Not Applicable

City & State
MARSHALL NC 28753

City & State
MARSHALL NC 28753

Zip Country
28753 USA

Zip Country
28753 USA

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
DPT	J CRAIG STANLEY	1161 BACK BR RD	MARSHALL NC 28753
DVS	KAREN M STANLEY	1161 BACK BR RD	MARSHALL NC 28753

100002356631-7
-11/25/97-01041-025
*****1706.25 ***1706.25**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

J WILLIAM MASTERS II
2901 CURRY FORD RD
SUITE 212a
ORLANDO FL 32806

Name

(Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date **11-14-97**

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: **Karen M Stanley** **Karen M Stanley** VP **11-12-97** **704 649 2522**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #