

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000056279

1. Corporation Name

DEMARS CHARTER, INC.

Principal Place of Business

1340 SOUTHWEST 71ST TERRACE
NORTH LAUDERDALE FL 33068

Mailing Address

1340 SOUTHWEST 71ST TERRACE
NORTH LAUDERDALE FL 33068

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

2. New Principal Office Address, If Applicable

7331 N ST RD 7
SUITE 210

City & State
LAUDERHILL FL

Zip 33313 Country FL

3. New Mailing Office Address, If Applicable

2331 N ST RD 7
SUITE 210

City & State
LAUDERHILL FL

Zip 33313 Country FL

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/2000

5. FEI Number

65-102 3377

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRESIDENT	DEMETRO SWABY	1340 SW 71 TERR	N. LAUDERDALE FL 33068
SECRETARY	DONNAMARIE SWABY	1340 SW 71 TERR	N. LAUDERDALE FL 33068
TREASURER	HORACE BUDDOO	4109 NW 19 TH ST	LAUDERHILL FL 33313
			500004765405-3
			-01/10/02--01074--011
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

OATES, DANIEL E ESQ
DANIEL E. OATES, P.A.
1500 ESAT ATLANTIC BLVD SUITE B
POMPANO BEACH FL 33060-6769

9. Name and Address of New Registered Agent

Name
DEMETRO SWABY
Street Address (P.O. Box Number is Not Acceptable)
7331 N. State Rd. 7
Suite, Apt. #, Etc.
SUITE 210
City
LAUDERHILL
State
FL
Zip Code
33313

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-15-01

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:

[Signature] - DEMETRO SWABY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01

Date

954 535 5320

Daytime Phone #

CR2E040 (8/01)