

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL -8 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000001190

**1. Corporation Name**

Nesmar Enterprises, Inc.

**2. Principal Office Address**

1227 Fairway Village Dr.  
Suite, Apt. #, etc.

**3. Mailing Office Address**

1227 Fairway Village Dr.  
Suite, Apt. #, etc.

**REINSTATEMENT** 03-04

**City & State**

Orange Park, FL

Zip  
32003

Country  
USA

**City & State**

Orange Park, FL

Zip  
32003

Country  
USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/26/2000

**5. FEI Number**

593690906

**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**

William E. Scarbrough

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

1227 Fairway Village Drive

**Suite, Apt. #, Etc.**

**City**

Orange Park.

**State**

FL

**Zip Code**

32003

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

7-5-04

**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
P	William E. Scarbrough	1227 Fairway Village Dr.	Orange Park, FL 32003

600038912436  
07/09/04--01009--004 \*\*308.75

**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

*[Signature]*

Date

7-5-04

Daytime Phone #

CR2E081 (01/04)

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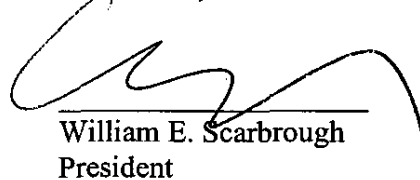
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Wesmar Enterprises, Inc.  
Document #: P01000001190

To Whom It May Concern:

I never received the application for the 2003 Annual Report. I remember changing my address to 1227 Fairway Village Dr. Orange Park, FL 32003. After looking on the internet, I noticed that your records still have the old address. I have not lived there in a long time. I was not living there in 2003 at all. I believe that is why I never received the annual report to fill out. Please reinstate Wesmar Enterprises, Inc. and waiver the fee to \$300.00 for 2003 and 2004. Thank you for your time.

Thank You,



William E. Scarbrough  
President

*Dr...*