

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED Pg 10f2
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 NOV 20 AM 8:01

DOCUMENT # P01000006164

1. Corporation Name

ON THE MARK, INC.

Principal Place of Business

11151 N.W. 17TH PLACE
CORAL SPRINGS FL 33071

Mailing Address

11151 N.W. 17TH PLACE
CORAL SPRINGS FL 33071



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/2001

5. FEI Number

65-1077589

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| PRES. | MARK N DOBIN | 11151 NW 17th Place | Coral Springs FL 33071 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

DOBIN, MARK N
11151 N.W. 17TH PLACE
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not 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. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

10/25/02

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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/02

Date

954-757-8366

Daytime Phone #

CR2040 (8/02)



DR. MARK N. DOBIN

Optometrist

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9553 W. Atlantic Blvd.
Coral Springs, FL 33071
954 • 757 • 8366
Fax: 954 • 752 • 1295
e-mail: bestidoc@cs.com

October 25, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

P01000006164

I'm writing this letter to inform you that to my knowledge I did not receive either of the two uniform business report notices. My corporation is listed under my home address, which is different than my office address. I believe there is the possibility that the postal carrier did not recognize the name, and did not deliver it to my home. Also since I just incorporated last year, 2002 would have been the first year for me to receive these notices. Now that I'm for familiar with the procedure, I'll be sure to look for these notices in 2003.

Thank you for your consideration.

Sincerely,

Mark N. Dobin