## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION** 

FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS** 

P01000006164 DOCUMENT #

1. Corporation Name

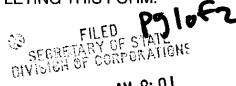
ON THE MARK, INC.

Principal Place of Business

Mailing Address

11151 N.W. 17TH PLACE

11151 N.W. 17TH PLACE



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| CORAL SPRINGS FL 33071  |                                      |         |               | CORAL SP         | CORAL SPRINGS FL 33071 |  |   |                                 | T THE TIME THE DESIGN STATE BOOKS BOTH BOTH BOTH BOTH BOTH BOTH BOTH BOTH   |   |   |  |
|---|--------------------------------------|---------|---------------|------------------|------------------------|--|---|---------------------------------|---|---|---|--|
| i   |                                      |         |               |                  |                        |  |   |                                 |   |   |   |  |
| If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail |                                      |         |               |                  |                        | nformation and enter correction below. 1 ing Office Address, If Applicable |   |                                 | Date Incorporated or Qualified     To Do Business in Florida     01/16/2001 |   |   |  |
| Suite, Apt. #, etc. Suite, Apt. #   |                                      |         |               |                  | , etc.                 |  |   | 5. FEI Numbe                    | 5. FEI Number Applied For   |   |   |  |
| City & State City & State   |                                      |         |               |                  | 3                      |  |   |                                 | 65-1077589 No   |   |   |  |
| Zlp Country Z   |                                      |         |               | Zip              | Zip Country            |  |   | 6 CERTIFICATE OF STATUS DESIRED |   |   | \$8:75: Additional Fee required for a Certificate of Status |  |
| 7. Names  | and Street Addresses                 | of Eacl | n Officer and | d/or Director (F | lorida nonpro          | fit corporation  | s must list at  | least 3 directors)              |   |   |   |  |
| Title(s)  | Name of Officers<br>and/or Directors |         |               |                  | 3                      | Street Address of Eac<br>Officer and/or Directo                            |   |                                 | 4   | City / State / Zi                             | p   |  |
| Pies.   | MARK                                 | N       | Dol           | NIE              | 1112                   | INW  | 17th  | Places                          | 10 <b>Corra</b>   | 50/2mg  | s FL 33071<br>58.75   |  |
|   | -                                    |         |               |                  |                        |  | <u> </u>  |                                 |   |   |   |  |
|   |                                      |         |               |                  | -                      |  |   |                                 |   |   |   |  |
|   |                                      |         |               |                  |                        | H-110  | · •••   |                                 |   | <u>, , , , , , , , , , , , , , , , , , , </u> |   |  |
|   |                                      |         |               |                  |                        |  | • • •   |                                 |   | ·   |   |  |
|   | 7.45                                 |         |               |                  |                        |  |   |                                 |   |   |   |  |
| 8. Name and Address of Current Registered Agent   |                                      |         |               |                  |                        |  | 9. Name and Address of New Registered Agent                             |                                 |   |   |   |  |
| Name  |                                      |         |               |                  |                        |  | lame  |                                 |   |   |   |  |
| DOBIN, MARK N<br>11151 N.W. 17TH PLACE<br>CORAL SPRINGS FL 33071  |                                      |         |               |                  |                        |  | Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc. |                                 |   |   |   |  |
|   |                                      |         |               |                  |                        |  |   |                                 |   |   |   |  |
| 10. I, bein   | g appointed the regist               | ered ag | ent of the a  | bove named co    | rporation, am          | familiar with a  | and accept the  | e obligations of Sec            | tion 607.0505, F.S  | . or 617.0505, F.S.                           |   |  |
| Signature of  | of (                                 | SIC     | man           | TURI             |                        | QUI  | RED   | )                               | Date  | 10/25/08                                      | <u>ر</u> ا  |  |

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 filling 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

**SIGNATURE:** 

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

REGISTERED AGENT MUST SIGN





## DR. MARK N. DOBIN



Optometrist

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

# P0100006164

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