

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 20 PM 2:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PD2000063053

1. Corporation Name

Markham inc

2. Principal Office Address

1630 Acme st

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32805

Country

U.S.A

3. Mailing Office Address

1630 Acme st

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32805

Country

U.S.A

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

June 6 2002

5. FEI Number

03-0456274

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

Haviv Beitman

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

918 Park Lake Ct

Suite, Apt. #, Etc.

City

Maitland, FL 32751

400025545544

12/17/03--01012--001 **758.75

400025545544

01/16/04--01062--005 **150.00

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 12-3-03

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
<u>President</u>	<u>Haviv Beitman</u>	<u>918 Park Lake Ct.</u>	<u>Orlando, FL 32805</u>
<u>V.P.</u>	<u>Noel Hart</u>	<u>290 Parkway Ct</u>	<u>Sanford, FL 32773</u>
<u>C.O.</u>	<u>Boris Beitman</u>	<u>5450 Wilson Rd</u>	<u>Sanford, FL 32746</u>
<u>Treasurer</u>	<u>Brian Schnelers</u>	<u>5851 Medina Way</u>	<u>Orlando, FL 32819</u>

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:

Haviv Beitman President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-3-03

Daytime Phone #

321-2289700