

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 APR -1 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

Demarcos Financial Services, Inc.

PO2000085908

REINSTATEMENT 03-04

2. Principal Office Address

1801 S Federal Hwy

Suite, Apt. #, etc.

Ste 211

City & State

Boca Raton FL

Zip

33432

Country

USA

3. Mailing Office Address

131 NW 13th St

Suite, Apt. #, etc.

#37

City & State

Boca Raton FL

Zip

33432

Country

USA  
Palm Beach

800031692598

04/01/04--01048--001 \*\*608.75

4. Date Incorporated or Qualified  
To Do Business in Florida

10/16/01

5. FEI Number

54-2067224

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

Spiegel & Utrera, PA

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

1840 SW 22nd St

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

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 3/22/04

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
sp	Erika Vanniale	510 Jefferson Dr, Apt 101	Deerfield Beach, FL 33442
vp	Andrew Murphy	1501 N Ocean Blvd. #5	Pompano Beach, FL 33062

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:

Erika Vanniale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TR

CR2E081 (01/04)

PS 2 572

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

March 22, 2004

To Whom It May Concern:

As per my telephone conversation with your filing department on March 22<sup>nd</sup>, I have enclosed the Reinstatement form along with a check in the amount of \$600.00 which covers 2 years report fees and \$300 reinstatement fees which represents one half of the \$600 normally charged. I have a problem with this reinstatement fee as normally with all of my other entities I receive a postcard or other communication in the mail that lets me know when I need to file. I have never received any correspondence regarding Domarcos Financial Services, Inc. Therefore I do not believe that the \$600 reinstatement fee is justified, and as per the advice of your help line attendant I have included this letter, and the \$300 or half of the fee. Also included is \$8.75 for a certificate of status.

Please review this matter and contact me reference the outcome.

Thank you



Andrew Murphy