

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV 21 AM 11:35

DOCUMENT # PO2000130909

1. Corporation Name

HAMARK ENTERPRISES INC.

2. Principal Office Address

9091 ALENA CT

Suite, Apt. #, etc.

3. Mailing Office Address

9091 ALENA CT

Suite, Apt. #, etc.

City & State

NORTH FORT MYERS FL

City & State

N. FORT MYERS FL

Zip

33903

Country

USA

Zip

33903

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12-12-2002

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 03-05

7. Name and Address of Current Registered Agent

Name

MARK J HAMOR

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

9091 ALENA COURT

Suite, Apt. #, Etc.

City

NORTH FORT MYERS

State  
**FL**

Zip Code

33903

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

Mark J Hamor  
REGISTERED AGENT MUST SIGN

Date 10-28-2005

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>P, S, T, D</u>	<u>MARK HAMOR</u>	<u>9091 ALENA COURT</u>	<u>NFM FL 33903</u>

PO00061606037  
11/21/05--01045--009 \*\*1058.75

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:

Mark J Hamor  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK HAMOR

Date

10-28-2005

Daytime Phone #

239 997 4200

CH2E081 (01/05)

11/28  
05