

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 MAR 25 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000007107

1. Corporation Name

NUMARK RESEARCH INTERNATIONAL, INC.

300121196703  
03/25/08--01017--010 \*\*758.75

**REINSTATEMENT 04-08**  
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

1430 GULF BLVD.

3. Mailing Office Address

1430 GULF BLVD.

Suite, Apt. #, etc.

# 605

Suite, Apt. #, etc.

# 605

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33767

Country

USA

Zip

33767

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

JANUARY 22, 2003

5. FEI Number

59-3530865

☒ 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

ROBERT BARRETT

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

1430 GULF BLVD.

Suite, Apt. #, Etc.

# 605

City

CLEARWATER

State

FL

Zip Code

33767

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Robert A. Barrett

Date 03-20-2008

REGISTERED AGENT MUST SIGN

**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
President	Robert A. Barrett	1430 GULF BLVD. #605	CLEARWATER, FL 33767

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 contained in Chapter 119, 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:

Robert A. Barrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-2008

Date

Daytime Phone # 727 488-1931