

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

10 JUN 25 PM 2:07

DOCUMENT # P03000058590

1. Corporation Name

EMARK SOLUTIONS, INC.

06/25/10--01027--001 **150.00

700181050347
05/18/10--01023--011 **750.00

700181050347
06/25/10--01027--001 **150.00
CR2E081 (11709)

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

818 W. Aldine Ave

3. Mailing Office Address

same

Suite, Apt. #, etc.

Unit 1

Suite, Apt. #, etc.

City & State

Chicago IL

City & State

Zip

60657

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 5/19/2003

5. FEI Number

74-3102793

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

Nancy Anderson

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

20950 Huffmaster Rd

Suite, Apt. #, Etc.

City

North Fort Myers

State

FL

Zip Code

33917

☒ 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

Nancy J Anderson

REGISTERED AGENT MUST SIGN

Date 5-12-10

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
P	Eric Plopper	818 W Aldine Ave Unit 1	Chicago / IL / 60657

REINSTATEMENT

B 6/28/10
05-10

10. E-mail Address: eric@ericplopper.com

(To be used for future annual report notification)

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 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. I further certify, 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:

Eric Plopper Eric Plopper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/2010

Date

Daytime Phone #

312-545-8938