

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 APR 17 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD3000155260

1. Corporation Name

Nymark Inc.

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

702 W. Center Ave.

Suite, Apt. #, etc.

City & State

Dorchester, WI

Zip

54425

Country

3. Mailing Office Address

702 W. Center Ave.

Suite, Apt. #, etc.

City & State

Dorchester, WI

Zip

54425

Country

300150951093
04/17/09--01037--008 **450.00
REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Judith Brizendine

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

1249 Soaring Flight Way

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32225

☒ 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

REGISTERED AGENT MUST SIGN

Date

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, S	Jason Ramaker	702 W. Center Ave.	Dorchester, WI 54425
VP, T	Tonya M. Ramaker	702 W. Center Ave.	Dorchester, WI 54425

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:

Tonya M. Ramaker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/09

Date

(715) 316-1965

Daytime Phone #