

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
10 JAN 15 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000040865

1. Corporation Name

AGAMAR HOLDING, INC.

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

6501 WINFIELD BLVD

Suite, Apt. #, etc.

Suite A60

City & State

MARGATE

Zip

33063

Country

US

3. Mailing Office Address

6501 WINFIELD BLVD

Suite, Apt. #, etc.

Suite A60

City & State

MARGATE

Zip

33063

Country

US

500166324375  
01/15/10--01036--005 \*\*300.00

REINSTATEMENT 08-09

4. Date Incorporated or Qualified

To Do Business in Florida 02/25/2004

5. FEI Number

201482990

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

Marcin Trzeciak

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

6501 WINFIELD BLVD. #A60

Suite, Apt. #, Etc.

#A60

City

MARGATE

State

FL

Zip Code

33063

☒ 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 1/13/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| P      | Marcin Trzeciak                      | 6501 WINFIELD BLVD. #A60                          | MARGATE FL 33063 US |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

10. E-mail Address: robmarwaterproofing@yahoo.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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/13/10

Daytime Phone #