

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 19 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 804000083694

1. Corporation Name

ISMAR ENTERPRISES, INC

W09-6870

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

9960 S.W. 12 ST

3. Mailing Office Address

10211 PINES BLVD.

Suite, Apt. #, etc.

PEMBROKE PINES

Suite, Apt. #, etc.

STE. 138

City & State

FL.

City & State

PEMBROKE PINES

Zip

33025

Country

USA

Zip

33026

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

5/25/04

5. FEI Number

201200355

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

ISABELL, A. MARTIN

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

9960 S.W. 12 ST.

Suite, Apt. #, Etc.

PEMBROKE PINES

City

State

FL

Zip Code

33025

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

Isartin

REGISTERED AGENT MUST SIGN

Date

2/9/09

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
PD	ISABELL, A. MARTIN	9960 S.W. 12 ST	PEMBROKE PINES, FL. 33025

000143391470
02/11/09--01029--014 **158.75

000143391470
05/19/09--01035--012 **300.00

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:

Isartin - ISABELL, A. MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/09

Date

954-437-3451

Daytime Phone #

5190