

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN 11 AM 10:19

DOCUMENT # P04000162563

1. Entity Name
ALMAR HOLDINGS CORPORATION



Principal Place of Business
260 CRANDON BLVD.
SUITE 14
KEY BISCAVNE, FL 33149

Mailing Address
260 CRANDON BLVD.
SUITE 14
KEY BISCAVNE, FL 33149

REINSTATEMENT 06-07



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
1500 San Remo Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
125

01302007 REIN-P CR2E098 (1/07)

City & State

City & State
Coral Gables, FL

4. FEI Number 64-0950080

Applied For
Not Applicable

Zip

Country

Zip

33146

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STICKNEY, TIMOTHY P
260 CRANDON BLVD.
SUITE 14
KEY BISCAVNE, FL 33149

Name Atrium Registered Agents, Inc.

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

1500 San Remo Avenue

Suite 125

City Coral Gables

FL

Zip Code
33146

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Atrium Registered Agents, Inc.
By: Jose Nunez, VP

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME PARODY, MANUEL
STREET ADDRESS 260 CRANDON BLVD., SUITE 14
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300104523963
CITY-ST-ZIP 06/18/07--01091--007 **308.75

TITLE VP ☐ Delete
NAME PARODY, GINA
STREET ADDRESS 260 CRANDON BLVD., SUITE 14
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/T ☐ Delete
NAME PARODY, MANUEL
STREET ADDRESS 260 CRANDON BLVD., SUITE 14
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-Mar-07

Date

Daytime Phone #