

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 31 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000120985

1. Corporation Name

MARKAR OF N.W. FLORIDA, INC.

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

722-D BEAL PKWY NW

Suite, Apt. #, etc.

City & State

FORT WALTON BEACH

Zip

32547

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SAME

Zip

32547

Country

USA

REINSTATEMENT 09

4. Date Incorporated or Qualified
To Do Business in Florida

11-6-2007

5. FEI Number

26-1375220

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

MARK HAMRICK

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

722-D BEAL PKWY NW

Suite, Apt. #, Etc.

City

FORT WALTON BEACH

State

FL

Zip Code

32547

☒ 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

Mark Hamrick

Date 12-28-2009

REGISTERED AGENT MUST SIGN

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-D	MARK HAMRICK	625 SUNSET BLVD W	FT. WALTON BEACH, FL 32547
VP-D	KAREN HAMRICK	"	"

10. E-mail Address: Sales@Vaccenter.gccoxmail.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:

Mark Hamrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-28-2009 (850) 862-1222

Date

Daytime Phone #

12/31