

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC -2 AM 8:01

DOCUMENT # P92000011611

1. Corporation Name

GLORIMAR ENTERPRISES, INC

2. Principal Office Address

3. Mailing Office Address

1852 SHOWER TREE WAY

P.O. Box 742

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach FL

Holmes NY

Zip

Country

Zip

Country

33414

U.S.A

12531

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/92

5. FEI Number

65-0374175

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 ZOFKIN

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

1852 SHOWER TREE WAY

Suite, Apt. #, Etc.

800009239558

11/27/02--01051--004 **15.00

City

West Palm Beach

State

FL

Zip Code

33414

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 Zofkin V.P.
REGISTERED AGENT MUST SIGN

Date

10-21-2002

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
V.P.	MARK ZOFKIN	1852 SHOWER TREE WAY	West Palm Beach, FL 33414
PRES	GLORIA ZOFKIN	1852 SHOWER TREE WAY	West Palm Beach, FL 33414

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 under section 119.07(3)(i), 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:

Mark Zofkin VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-2002

Date

845-855-5996
Daytime Phone #

CR2E091 (9/01)

12/15/02 (92)