

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000043633**

1. Corporation Name
NARMER CORP.

Principal Place of Business
**269 NW 7TH ST
S-316
MIAMI FL 33136**

Mailing Address
**269 NW 7TH ST
S-316
MIAMI FL 33136**

If above addresses are incorrect in any way, line through incorrect information and enter correction below:

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2750 NW 171 Terrace	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
		33056	

4. Date Incorporated or Qualified To Do Business in Florida	06/21/1993
5. FEI Number	65-0426679
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	DICKENS, DARET	269 NW 7TH ST., S-316	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DICKENS, DARET K
269 NW 7TH ST
S-316
MIAMI FL 33136**

Name **Hayes Dickens**
Street Address (P.O. Box Number is Not Acceptable)
2750 NW 171 Terrace
Suite, Apt. #, Etc.
City **Miami**
State **FL** Zip Code **33056**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]*
REGISTERED AGENT MUST SIGN

Date **4-14-99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99 (305) 623-2824
Date Daytime Phone

CP2EC040 (8/97)