

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA4000004615**

1. Corporation Name

REMARK MANAGEMENT CORP.

2. Principal Office Address

19657 Oak Brook Cr.

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33434

Country

USA

3. Mailing Office Address

19657 Oak Brook Cr.

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33434

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-10-1994

5. FEI Number

65-0464056

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

Scott A. Elk, P.A.

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

4800 North Federal Highway

Suite, Apt. #, Etc.

Suite 200E

City

Boca Raton

State
FL

Zip Code
33431

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

Date

7.20.06

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
D	Gerald Kramer	19657 Oak Brook Cr.	Boca Raton FL 33434

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/20/06

Daytime Phone #

FILED

06 JUL 28 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000078483510
08/08/06--01062--013 **1515.00

REINSTATEMENT
CR2E081 (12/05)

97-06

July 20, 2006

Florida Department of State
Division of Corporations
Office of Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

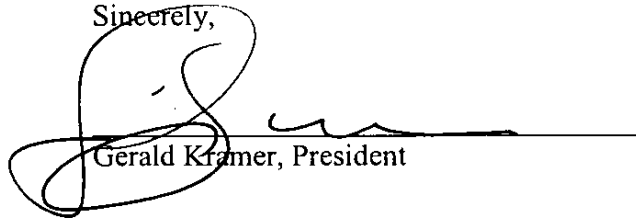
Re: Remark Management Corp. \ Request For Waiver of Reinstatement Fees

Dear Sir/Madam:

As President of Remark Management Corp., a Florida for-profit corporation ("Remark"), I hereby affirm that I failed to receive an annual report notices in 1997, the year in which Remark was administratively dissolved. It should be noted that the mailing address specified for Remark on Sunbiz.org is erroneous. The correct mailing address should be:

19657 Oak Brook Court
Boca Raton, FL 33434

Sincerely,

A handwritten signature in black ink, appearing to read 'Gerald Kramer', is written over a horizontal line. The signature is stylized with a large loop at the beginning and a long horizontal stroke extending to the right.

Gerald Kramer, President