

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000050648

1. Corporation Name

COMAR, INC.

Principal Place of Business

Mailing Address

20314 NE 34 CT.  
AVENTURA, FL 33180

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

4. Date Incorporated or Qualified  
To Do Business in Florida

07-08-94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0503595

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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/S.	ADRIAN LAFONT	20314 N.E. 34 CT.	AVENTURA, FL 33180
			8000002752088--3
			-01/22/99-01106-013
			****665.00 ****665.00
		TS 96-99 AM 1/7/99	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ADRIAN LAFONT  
20314 N.E. 34 CT  
AVENTURA, FL 33180.

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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)(f), 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

Daytime Phone #

FILED

99 JAN -7 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E0-0 (1/98)

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Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Division Of Corporations, I am attaching a check in the amount of \$665.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division Of Corporations in respect with my corporation **COMAR, INC.**

Thank you for your courtesy in this matter.

  
ADRIAN LAFONT  
President