2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 OCT 31 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085853

1. Entity Name
SELMARK GROUP, INC.

Principal Place of Business	Mailing Address
240 WINDWARD PASSAGE CLEARWATER, FL 34630 US	1001 MOREHEAD SQUARE DR SUITE 300 CHARLOTTE, NC 28203 US

10172006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
210 E Flamingo	
Suite, Apt. #, etc. H135	Suite, Apt. #, etc.
City & State Las Vegas Nevada	City & State
Zip 89169 Country U.S.A.	Zip Country

4. FEI Number 65-0537919 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOCK, SHARON R ESQ 255 ALHAMBRA CIR SUITE 610 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

REINSTATEMENT

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DREW, DENNIS F 240 WINDWARD PASSAGE CLEARWATER, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Dennis Drew 7349 Via Paseo Del Sur #278 Scottsdale, AZ 85258 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900081400809 10/31/06--01080--001 **158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ 10/23/06 480-213-3884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #