

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 # 10351- P95000010351

1. Corporation Name

TAMARK INDUSTRIES, INC.

Principal Place of Business 12673 - 59th Way North
 Clearwater, FL 34620

Mailing Address 12673 - 59th Way North
 Clearwater, FL 34620

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.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

February 3, 1995

5. FEI Number

59-3299510

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	MARK SMYRSKI	12673 - 59th Way N.	Clearwater FL 34620

900002407789--4
 -01/21/98--01138--002
 ***1050.00 ***1050.00

REINSTATEMENT 96-98

Q. Alan
Jan 20, 1998

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

PETER T. HOFSTRA

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

8640 SEMINOLE BOULEVARD

Suite, Apt. #, Etc.

City

SEMINOLE

State

FL

Zip Code

33772

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 ~~XXXXXX~~ 1/14/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Mark Smyrski as President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 MARK E. SMYRSKI, PRESIDENT/DIRECTOR

Date 1/14/98

Daytime Phone # (813) 536-2431

CR2E040 (12/96)