

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV 25 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000042742**

1. Corporation Name

BAERMAN SALES & MARKETING INC.

Principal Place of Business

Mailing Address

**8770 SUNSET DRIVE
SUITE 402
MIAMI FL 33173**

**8770 SUNSET DRIVE
SUITE 402
MIAMI FL 33173**

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1995

5. FEI Number

65-0584312

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
D	SKLAR, ANDY J	% 8770 SUNSET DRIVE, SUITE 402	MIAMI FL 33173

**200002016892--6
-12/02/96--01016--009
****375.00 ****375.00**

VB1126-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BLVD.
SUITE 211
PALM BEACH GARDENS FL 33418**

Name

Andy Sklar

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

9035 SUNSET DR

Suite, Apt. #, Etc.

5-A

City

MIAMI

State

FL

Zip Code

33123

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

9/20/96

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/96

Date

(705) 274-8942

Daytime Phone