

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 DEC -2 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000064008

1. Corporation Name

OSTLING MARKING SYSTEMS INC.

Principal Place of Business

~~10250 MIDDLE BEACH ROAD~~
~~PANAMA CITY FL 32401~~

Mailing Address

10250 MIDDLE BEACH ROAD
PANAMA CITY FL 32401



100002020181--9

-12/04/96--01120--001

***375.00 ***375.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

9851 Thomas Dr.

Suite, Apt. #, etc.

109-112

City & State

Panama City Beach, FL

Zip

32408

Country

USA

3. New Mailing Office Address, If Applicable

9851 Thomas Dr.

Suite, Apt. #, etc.

109-112

City & State

Panama City Beach, FL

Zip

32401

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/1995

5. FEI Number

59-3337695

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
X	MALMgren, ROLAND	10250 MIDDLE BEACH ROAD	PANAMA CITY FL 32401
D	Desmond Hall	9851 Thomas Dr #109	Panama City Beach, FL 32408

REINSTATEMENT 96

8. Name and Address of Current Registered Agent

BENNETT, DERRICK ESQUIRE
112 E. 3RD COURT
PANAMA CITY FL 32401

9. Name and Address of New Registered Agent

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-26-96

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

Date

11-4-96

Daytime Phone #

9042347271