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APPROVED
AND
FILED

FAX AUDIT#: H97000018357

1997 NOV -4 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P95000083296

1. Corporation Name
VICMAR SERVICES, INC.

Principal Place of Business Mailing Address

512 DOWNING STREET 512 DOWNING STREET
LAWRENCEVILLE GA 30245 LAWRENCEVILLE GA 30245

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	
Bldg, Apt. #, etc.		Bldg, Apt. #, etc.		10/31/95	
City & State		City & State		5. FEI Number	
Zip		Country		65-0615900	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> SO (See Addition of Fees required for a Certificate of Status)	

7. Name 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.	SARA DOMINGUEZ	512 DOWNING STREET	LAWRENCEVILLE GA 30245

REINSTATEMENT '96-97
SCC 11-4-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ANTHONY BERNARD 16201 S.W 95 AVENUE # 109 MIAMI, FL 33157		Name _____ Street Address (P.O. Box Number is Not Applicable) _____ Bldg, Apt. #, Etc. _____ City _____ State <u>FL</u> Zip Code _____	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0805, F.S.

Signature of Registered Agent: *[Signature]* Date: 11/3/97

REGISTERED AGENT MUST SIGN

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)(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]* Date: 11/3/97 (305) 251-4591

SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

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11/04/97

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
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((H97000018357 8))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: ANTHONY P. BERNARD
CONTACT: ANTHONY BERNARD
PHONE: (305)251-4591

ACCT#: 071162000147

FAX #: (305)251-1975

NAME: VICMAR SERVICES, INC.
AUDIT NUMBER.....H97000018357

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..0

PAGES..... 1

CERT. COPIES.....0

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