

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 25 AM 8:30

DOCUMENT # **P96000010363**

1. Corporation Name

NEWMAR OF AMERICA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

20170 PINES BLVD
STE 201
PEMBROKE PINES FL 33029

Mailing Address

20170 PINES BLVD
STE 201
PEMBROKE PINES FL 33029



REINSTATEMENT 02-03

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

02/01/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0639710

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| VTD | MARSH, RICHARD O.C. | 18439 NORTHWEST 12 STREET | PEMBROKE PINES FL 33029 |
| PSD | MARSH, MICHELLE A | 18439 NORTHWEST 12 STREET | PEMBROKE PINES FL 33029 |
| VTD | MARSH, RICHARD O.C. | 11712 NW 5th Street | PLANTATION FL 33325 |
| PSD | MARSH, MICHELLE A | 11712 NW 5th Street | PLANTATION FL 33325 |
| | | 500013044305 | |
| | | 02/24/03--01094--008 **908.75 | |

8. Name and Address of Current Registered Agent

SKELTON, RAYMOND J
7920 GRIFFIN RD
STE 212
FORT LAUDERDALE FL 33314

9. Name and Address of New Registered Agent

Name
SKELTON, RAYMOND J.
Street Address (P.O. Box Number is Not Acceptable)
3349 N UNIVERSITY DR
Suite, Apt. #, Etc.
STE #6
City
HOLLYWOOD
State
FL
Zip Code
33024

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. or 617.0505, F.S.

Signature of
Registered Agent

Raymond J. Skelton
REQUIRED
REGISTERED AGENT MUST SIGN

Date 02/18/2003

11. 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:

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

February 18th 2003
Date
Daytime Phone #