

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 Mailing Address
20170 PINES BLVD 20170 PINES BLVD
STE 201 STE 201
PEMBROKE PINES FL 33029 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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/01/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0639710	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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

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

February 18th 2003
 Date Daytime Phone #

CR2E040 (8/02)