


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000045115			
1. Corporation Name REMARC PROPERTIES, INC.			
2. Principal Office Address 330 Sudduth Circle, NE Suite, Apt. #, etc. City & State Fort Walton Beach, FL Zip 32548 Country Okaloosa		3. Mailing Office Address 330 Sudduth Circle, NE Suite, Apt. #, etc. City & State Fort Walton Beach, FL Zip 32548 Country Okaloosa	

FILED

01 SEP -7 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida 5/21/96	
5. FEI Number 59-3388932	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name William P. Cramer	000004586130-9
Street Address (P.O. Box Number is Not Acceptable) 330 Sudduth Circle, NE	-09/12/01--01066--007 ****900.00 ****900.00
Suite, Apt. #, Etc.	
City Fort Walton Beach	State FL Zip Code 32548

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent William P. Cramer Date 9-5-2001
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	William P. Cramer	330 Sudduth Circle, NE	Fort Walton Beach, FL 32548
D	Deborah A. Cramer	330 Sudduth Circle, NE	Fort Walton Beach, FL 32548

10. 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: William P. Cramer WILLIAM P. CRAMER 9-5-2001 850-243-4530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #