

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -1 AM 11:17

**DOCUMENT #** P97000006488

**1. Corporation Name**

New Market Group Inc.

**2. Principal Office Address**

6278 N. Federal Hwy.

**3. Mailing Office Address**

Same as #2

Suite, Apt. #, etc.

#216

Suite, Apt. #, etc.

City & State

Ft Lauderdale, FL

City & State

Zip

33308

Country

USA

Zip

Country

**REINSTATEMENT** 00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1-16-97

**5. FEI Number**

62-1682731

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Thomas Sukolsky

Street Address (P.O. Box Number is Not Acceptable)

6278 N. Federal Hwy.

Suite, Apt. #, Etc.

#216

City

Ft Lauderdale,

State

FL

Zip Code

33308

300003469579-2  
-11/20/00--01016--003  
\*\*\*\*\*758.75 \*\*\*\*\*758.75

**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

*Thomas Sukolsky*  
REGISTERED AGENT MUST SIGN

Date 10-30-00

**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
Director	Sukolsky, Thomas	6278 N. Federal Hwy #216	Ft Lauderdale, FL 33308

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-30-00 1800-780-8423

Daytime Phone #