

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000006488

1. Corporation Name

NEW MARKET GROUP INC

2. Principal Office Address

828 PATRICK DR

Suite, Apt. #, etc.

City & State

FLA
WEST PALM BEACH

Zip

33406

Country

USA
PALM BEACH

3. Mailing Office Address

828 Patrick Dr.

Suite, Apt. #, etc.

City & State

W.P.B., FL

Zip

33406

Country

USA
Palm Beach

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 28 AM 11:02

300013632483
03/06/03--01060--006 **1050.00
REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

1-97

5. FEI Number has already
621682731

☒ 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

GILBERT SUAREZ

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

828 PATRICK DR

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33406

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

Gilbert Suarez
REGISTERED AGENT MUST SIGN

Date 2/25/03

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
<u>PRES</u>	<u>GILBERT SUAREZ</u>	<u>828 PATRICK DR</u>	<u>WEST PALM BEACH FL 33406</u>
<u>VIS. PR</u>	<u>HUGO GONZALEZ</u>	<u>1864 Emilio Ln.</u>	<u>WEST PALM BEACH FL 33406</u>

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)(l), 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:

Gilbert Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/25/03

Daytime Phone #

561-410-4447

CR2E081 (10/02)