PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC 14 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P97000062008

1. Corporation Name
Holtmar, Inc.

REINSTATEMENT 2001

2. Principal Office Address		**3.** Mailing Office Address	
69 Isla Bahia Drive		69 Isla Bahia Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Fort Lauderdale, FL		City & State: Fort Lauderdale, FL	
Zip: 33316	Country: US	Zip: 33316	Country: US

4. Date Incorporated or Qualified To Do Business in Florida: July 17, 1997

5. FEI Number: 65-0767621 ☐ 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: Waldman Feluren & Trigoboff, P.A.

Street Address (P.O. Box Number is Not Acceptable): 2200 North Commerce Parkway LS

Suite, Apt. #, Etc.: Suite 202

City: Weston, State: FL Zip Code: 33326-3258

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 _____ REGISTERED AGENT MUST SIGN Date 12/12/2001

CR2E081 (9/00)

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
P	Holtzheuser, Christopher J.	69 Isla Bahia Drive	Fort Lauderdale, FL 33316
VP	Holtzheuser, Michele A.	69 Isla Bahia Drive	Fort Lauderdale, FL 33316

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: _____ 12/7/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #