

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC 18 AM 10:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000068524

1. Corporation Name

NUMAR CORPORATION

Principal Place of Business

Mailing Address

3908 26TH STREET WEST
BRADENTON FL 34205

3908 26TH STREET WEST
BRADENTON FL 34205



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

2519 GULF DR N
Suite, Apt. #, etc.

2519 GULF DR N
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/1998

5. FEI Number

59-3524513

Applied For

Not Applicable

City & State

City & State

BRADENTON BEACH, FL
34217 USA

BRADENTON BEACH, FL
34217 USA

CERTIFICATE OF STATUS DESIRED ☐

\$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
D	LJULIJURAJ, NUO	116 15TH STREET 2518 AVE C	BRADENTON BEACH, FL 34217
D	LJULIJURAJ, MARIA	116 15TH STREET 2518 AVE C	BRADENTON BEACH, FL 34217

8. Name and Address of Current Registered Agent

FELDMAN, MARC H
3908 26TH STREET WEST
BRADENTON FL 34205

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/12/2000

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/12/2000

Daytime Phone #

941 KE
779-9151