

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 28 AM 8:52

DOCUMENT # P98000099491

1. Corporation Name

ALMART ENTERPRISES, INC.

W06-8050

2. Principal Office Address

6671 W. INDIANTOWN RD.

Suite, Apt. #, etc.

3. Mailing Office Address

6671 W. INDIANTOWN RD.

Suite, Apt. #, etc.

City & State

JUPITER FL

Zip

33458

Country

PALE BEACH

City & State

JUPITER FL

Zip

33458

Country

PALE BEACH

REINSTATEMENT 99-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/98

5. FEI Number

65-0886459

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

KEITH W. MEISEL

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

712 U.S. HIGHWAY ONE

Suite, Apt. #, Etc.

SUITE 230

City

N. PALM BEACH

State

FL

Zip Code

33408

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

[Signature]

Date 2/2/06

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
<u>D</u>	<u>KENT MARTINSON</u>	<u>6671 W. INDIANTOWN RD.</u>	<u>JUPITER, FL 33458</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 contained in Chapter 119, 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:

K. A. Martinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Keith W. Meisel, P.A.

Attorney at Law

Pavilion Office Center

*712 U.S. Highway One, Suite 230
North Palm Beach, Florida 33408-4521*

Telephone (561) 842-1025

Fax (561) 842-1375

February 13, 2006

Via UPS

Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir/Madam:

Enclosed please find an (1) original Corporation Reinstatement Form, (2) my client's check in the amount of \$1,650.00 for the reinstatement fee, and (3) this firm's check in the amount of \$8.75 for a Certificate of Status after the reinstatement.

Thank you for your attention to this matter.

Very truly yours,

KEITH W. MEISEL, P.A.

By: 

Keith W. Meisel, Esquire

KWM:bv
Enclosures