

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood,
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 21 PM 4:27

DOCUMENT # P98000104340

1. Corporation Name

SLMAR, INC.

Principal Place of Business

Mailing Address

692 SOUTH U.S. HWY 17-92
LONGWOOD FL 32750

692 SOUTH U.S. HWY 17-92
LONGWOOD FL 32750



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3547886

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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
DPT	RESNICK, STEVEN	692 SOUTH U.S. HWY 17-92	LONGWOOD FL 32750
DS	RESNICK, LYNN S	692 SOUTH U.S. HWY 17-92	LONGWOOD FL 32750

100023966601
10/21/03--01044--018 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOLTUN, JEFFREY M
1061 MAITLAND CENTER COMMONS, STE. 106
MAITLAND FL 32751

Name

Steven Resnick

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

1009 Ridgemoor Pl.

Suite, Apt. #, Etc.

City

Heathrow

State
FL

Zip Code
32746

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/15/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/03 407.834-6022



October 10, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document #P98000104340
SLMAR, Inc.
FEI #59-3547886

To Whom It May Concern:

Enclosed please find an Application for Reinstatement and a check for \$150 for the above referenced corporation. No previous UBR notices were received.

Sincerely,

Steven Resnick
President