

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 29 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000082590

1. Corporation Name

Haronmar, Inc.

*RR*

2. Principal Office Address

5741 Coral Ridge Drive

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33076

Country

United States

3. Mailing Office Address

2929 N University Drive

Suite, Apt. #, etc.

107

City & State

Coral Springs, FL

Zip

33065

Country

United States

**REINSTATEMENT 02-04**

4. Date Incorporated or Qualified To Do Business in Florida

09.13.1999

5. FEI Number

65-1114325

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

Brenda S. Wells

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

2929 N University Drive

Suite, Apt. #, Etc.

107

City

Coral Springs

State

FL

Zip Code

33065

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

*Brenda S. Wells*

Date

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
P	Brenda S. Wells	1747 Vestal Way	Coral Springs, FL 33071

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:

*Brenda S. Wells*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.22.04

Date

954.344.2858

Daytime Phone #

CR2E081 (01/04)