

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1996 OCT 28 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S23243**

1. Corporation Name

**DOUMAR MARKETING CORP.**

Principal Place of Business

1280 SOUTH POWERLINE RD. #169  
POMPANO BEACH FL 33069

Mailing Address

1280 SOUTH POWERLINE RD. #169  
POMPANO BEACH FL 33069

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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/08/1991

Suite, Apt. #, etc.

22 ROSE DRIVE

Suite, Apt. #, etc.

22 ROSE DRIVE

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33316

Country

FLA.

Zip

33316

Country

U.S.

5. FEI Number

65-0267873

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	DOUMAR, STEVEN J	6181 NW 33RD WAY	FT. LAUDERDALE FL 33309

600001997466--0  
-11/06/96-01032-021  
\$375.00 \$375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

DOUMAR, STEVEN  
6181 N.W. 33RD WAY  
FT. LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 REQUIRED*

REGISTERED AGENT MUST SIGN

Date 9/16/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ NA

(See other side for information  
on intangible tax.)

12. 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

9/16/96

Date

Daytime Phone