

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 JUN 10 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S59153

1. Corporation Name

Hermar Investments Corp.

REINSTATEMENT

CR2E081 (12/07)

96-08
nm

2. Principal Office Address - No P.O. Box #

835 SW 37th Ave

3. Mailing Office Address

835 SW 37th Ave

Suite Apt #, etc

101

Suite Apt # etc.

101

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33135

Country

Miami-Dade

Zip

33135

Country

Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

June 12, 1991

5. FEI Number

650271886

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

Olga H. Marcos

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

835 SW 37 Ave

Suite Apt #, Etc.

101

City

Miami

State

FL

Zip Code

33135

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

6/3/08

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
VD	Olga H. Marcos	835 SW 37th Ave, 101	Miami, Florida 33135

400131635444
06/24/08 01045 011 **2550-0

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/3/08 305.443-2626

Daytime Phone #