

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 1:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 03



300023911233
 10/17/03--01077--002 **245.00

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **765030**

1. Corporation Name

MARTIN BAYOU MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

4820 N. LAKEWOOD DR.
 PANAMA CITY FL 32404
 US

4820 N LAKEWOOD DR
 PANAMA CITY FL 32404
 US

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

09/15/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

06-0416470

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------------|------------------------------------------------|-----------------------------------------------------|------------------------------------------|
| SD | DONLON, JOHN H | 1304 FAIRLAND AVE | PANAMA CITY FL 32401 |
| VD | LONG, ROBERT J JR. Ted A. Lydias | 2500 WEST 9TH STREET 7 Harvard Cir | PANAMA CITY FL 32401 32405 |
| SD PD | FRADETTE, RAYMOND Michael Smith | 620 ARROW ST 842 Miles Drive | PARKER FL 32404 Panama City |
| TD | MONROE, RAMON A | 5332 THORNTON LANE | PANAMA CITY FL 32404 |
| D | ARTHUR III, MALCOLM B | 106 ROWE AVE | PANAMA CITY FL 32401 |
| D | JOHN, E. THOMAS JR | 2908 HARRISON AVE, APT G | PANAMA CITY FL 32405 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

| | | | | |
|-------------------------------------------------------------|----------------------------------------------------|----------|---------------|----|
| DONLON, JOHN H 1304 FAIRLAND AVE PANAMA CITY FL 32401 | Name | | Michael Smith | |
| | Street Address (P.O. Box Number is Not Acceptable) | | 842 Miles Dr. | |
| | Suite, Apt. #, Etc. | | | |
| | City | Panama | State | FL |
| | | Zip Code | 32404 | |

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

John H. Donlon
 REGISTERED AGENT MUST SIGN

Date 10-13-03

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:

S. Panatta
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 13, 2003

Date Daytime Phone #

CR2E040 (7/03)