

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K06493

1. Corporation Name
MARTIN BUILDING AND DESIGN, INC.

Principal Place of Business Mailing Address

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

2. New Principal Office Address, If Applicable 4700 Riverside Dr. Suite, Apt. #, etc. Suite 100 City & State Palm Beach Gardens, FL Zip 33410 Country USA	3. New Mailing Office Address, If Applicable 4700 Riverside Dr. Suite, Apt. #, etc. Suite 100 City & State Palm Beach Gardens, FL Zip 33410 Country USA
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FILED
 99 MAR 11 PM 2:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT

*de-990
 3/11/99*

4. Date Incorporated or Qualified To Do Business in Florida 12/11/87	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number 65-0024569		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	Martin, Robert B.	4700 Riverside Dr. Suite 100	Palm Beach Gardens, FL 33410

*****29109431-4
 -03/18/99-01086-005
 ***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

Robert B. Martin
4700 Riverside Dr., Ste. 100
Palm Beach Gardens, FL 33410

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

 REGISTERED AGENT MUST SIGN

Date **3/8/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No

(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert B. Martin, President

3/8/99
 Date

561-625-3000
 Daytime Phone #

CR2E081 (12/98)