

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| APPLICATION FOR REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED 98 NOV 16 AM 9:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| DOCUMENT # N42841 1. Corporation Name MARTIN COMMONS PHASE TWO PROPERTY OWNERS' ASSOCIATION, INC. | | W98000024952 | | |
| Principal Place of Business c/o Thurlow & Smith, P.A. 17 Martin L. King Jr. Blvd. Stuart, Fl. 34994 | | Mailing Address c/o Thurlow & Smith, P.A. 17 Martin L. King Jr. Blvd. Stuart, Florida 34994 | | |
| 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 | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | |
| 4. Date Incorporated or Qualified To Do Business in Florida 04/04/1991 | | 5. FEI Number 65-0336377 | | |
| | | Applied For Not Applicable | | |
| 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) | | | | |
| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) | City / State / Zip 4 | |
| PTD | BERKEY, JON H. | 1750 S. Telegraph Rd. #107 | Bloomfield Hills MI | |
| VD | GREENBERG, HUGH | 27430 Fairway Hills Drive | Franklin MI | |
| DS | YEZBICK, ANTHONY | 1750 S. Telegraph Rd. #107 | Bloomfield Hills MI | |
| D | MCNABB, MARK | 4151 SW Sundown Lane | Palm City FL | |
| D | NAFTAL, MARTIN | P.O. Box 1288 (N/A) | Palm City FL | |
| REINSTATEMENT | | | | |
| 8. Name and Address of Current Registered Agent THURLOW JR. THOMAS c/o THURLOW & SMITH PA 17 Martin L. King Jr. Blvd. Stuart, FL. 34994 | | Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City | | |
| | | 97-98 11-20-98 000002696820-5 -11/25/98-01071-006 ***297 State Zip Code 297.50 FL | | |
| 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 | | Date 10/29/98 | | |
| REGISTERED AGENT MUST SIGN | | | | |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| (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: | | Date: 10/26/98 Daytime Phone #: (248) 332-2100 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANTHONY A. YEZBICK | | | | |

CORP2040 (1/98)