

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 29 PM 2:30

DOCUMENT # P03000126749

1. Corporation Name

Martin Boutwell, Inc

400163175434
11/30/09--01005--012 **300.00

KS

REINSTATEMENT 08-09

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

3405 Jujube Dr

Suite, Apt. #, etc.

3. Mailing Office Address

same as # 2

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32810

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04

5. FEI Number

300212570

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARTIN BOUTWELL

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

3405 JUJUBE DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32810

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 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

J. Martin Boutwell

REGISTERED AGENT MUST SIGN

Date 10-29-09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BOUTWELL, MARTIN	3405 JUJUBE DRIVE	ORLANDO, FL 32810

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:

J. Martin Boutwell

J. Martin Boutwell

10-29-09

4072959464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #