

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000061668

1. Corporation Name

Martin Builder Supply & Hardware, Inc.

REINSTATEMENT 01-03

900024852349 11/19/03--01029--007 \*\*1050.00

2. Principal Office Address

8818 St. Andrews Drive

Suite, Apt. #, etc.

City & State

Miramar Beach, FL

Zip

32550

Country

USA

3. Mailing Office Address

P.O. Box 805

Suite, Apt. #, etc.

City & State

Fort Payne, AL

Zip

35967

Country

USA

4. Date Incorporated or Qualified To Do Business In Florida

8/30/93

5. FEI Number

59-3174526

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

Frank A. Martin

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

8818 St. Andrews Drive

Suite, Apt. #, Etc.

City

Miramar Beach

State

FL

Zip Code

32550

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 11-12-03

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
P	Frank A. Martin	P.O. Box 805	Fort Payne, AL 35967
S/T	Kathy M. Martin	346 Perks Road	Franklin, NC 28734

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 807 or 817, 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 807.0401 or 817.0401, 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)(l), 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: [Handwritten Signature]

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-12-03

Date

Daytime Phone #

CR2E081 (10/02)