


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<p>APPLICATION FOR REINSTATEMENT</p>  <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>APPROVED AND FILED</p> <p>1997 JUN 13 AM 9:56</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
<p>DOCUMENT # P93000066303</p>			
<p>1. Corporation Name</p> <p>MARTIN COMMERCIAL PROPERTIES, INC.</p>			
<p>Principal Place of Business</p> <p>1903 S. 25TH STREET SUITE 200 FORT PIERCE, FL 34947</p>		<p>Mailing Address</p> <p>SAME</p>	
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>			
<p>2. New Principal Office Address, If Applicable</p> <p>N/A</p>		<p>3. New Mailing Address, If Applicable</p> <p>N/A</p>	
<p>Suite, Apt. #, etc.</p>		<p>Suite, Apt. #, etc.</p>	
<p>City & State</p>		<p>City & State</p>	
<p>Zip</p>	<p>Country</p>	<p>Zip</p>	<p>Country</p>
<p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p>9/23/93</p>		<p>5. FEI Number</p> <p>65-0442932</p>	
<p>Applied For</p>		<p>Not Applicable</p>	
<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/></p>		<p>\$8.75 Additional Fee required for a Certificate of Status</p>	
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p>			
<p>1 Title(s)</p>	<p>2 Name of Officers and/or Directors</p>	<p>3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</p>	<p>4 City / State / Zip</p>
<p>D.</p>	<p>CHARLES SABIN</p>	<p>XXXXXXXXXXXXXXXXXXXX 800 SE MONTEREY COMMONS BLVD. SUITE 103</p>	<p>STUART, FL 34996</p>
		<p>8000002213528--1 -06/16/97--01155--014 ****923.75 ****923.75</p>	
<p>REINSTATEMENT</p> <p><i>9/10/97</i> <i>6/12/97</i></p>			
<p>8. Name and Address of Current Registered Agent</p> <p>CHARLES SABIN 182 SE HARBOR POINT DRIVE STUART, FL 34996</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name N/A Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL</p>	
<p>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.</p> <p>Signature of Registered Agent <i>Charles H. Sabin</i> REGISTERED AGENT MUST SIGN Date <i>6/12/97</i></p>			
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>			

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

CHARLES SABIN, DIRECTOR

SIGNATURE: *Charles Sabin* JUNE 12 1997 561-464-7700

CR20040 (12/95)