

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
FILED

**CORPORATION
REINSTATEMENT**



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

01 SEP 27 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000016363**

1. Corporation Name
Martin Broudy, Inc.
205 North Ponce de Leon Boulevard
St. Augustine, Florida 32084

2. Principal Office Address
205 North Ponce de Leon Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Augustine, FL

City & State

Zip
32084

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3507963

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 J. Yong

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

300004624063-3
-10/05/01--01008--003
******900.00 ****900.00**

Suite, Apt. #, Etc.
Suite 110

City
Jacksonville

State
FL

Zip Code
32204

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Frank J. Yong
REGISTERED AGENT MUST SIGN

Date **9/25/01**

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/D | Martin D. Broudy | 35 N. Ponce de Leon Blvd. | St. Augustine, FL 32085 |
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REINSTATEMENT 00-01
dca

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 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: *Martin Broudy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MARTIN BROUDY**

Date **9/20/01**

Daytime Phone # **904-829-6909**

CR2E081 (9/00)