

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 625239

1. Corporation Name

JAMES MARTEL, INC.

Principal Place of Business

2212 19TH ST
VERO BEACH FL 32960
US

Mailing Address

2212 19TH ST
VERO BEACH FL 32960
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/08/1979

5. FEI Number

59-1928162

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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	City / State / Zip 4
P	MARTEL, JAMES L.	2212 19TH ST	VERO BEACH FL 32960
S	BENHAM, LISA L.	2212 19TH ST	VERO BEACH FL 32960

7000009022817
11/15/02--01055--007 **150.00

8. Name and Address of Current Registered Agent

GALLAGHER FRED T
3625 20TH ST
SUITE A 2ND FLOOR
VERO BEACH FL 32960

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Fred T. Gallagher

REGISTERED AGENT MUST SIGN

Date

11-7-02

11. 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:

James L. Martel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-7-02

CR2E040 (8/02)

11-11-2002

Florida of State

Re: Reinstatement of Corporation

To Whom It May Concern,

I have not recieved any prior notices of renewal for James Martel Inc. as of 11-11-2002.
(UBR Forms)


I request to be reinstated without penalty on that basis.

I have been incorporated since 1979 and have never missed a filing date.

Check is enclosed for \$150.00

Please let me know if anything else is required.

Thank you for your consideration,



James Martel
DBA James Martel Inc
59-1928162
2212 19th St
Vero Beach, Fla 32960