

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -4 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000000394

1. Corporation Name

E. F. Martin, Inc.

2. Principal Office Address

1406 SE 20th Ct

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33990

Country

USA

3. Mailing Office Address

106 Hancock Bridge Parkway

Suite, Apt. #, etc.

Suite D15

City & State

Cape Coral, FL

Zip

33991

Country

USA

REINSTATEMENT 03-04

7000297358
03/02/04--01057--026 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 22, 2002

5. FEI Number

56-2004170

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

Elizabeth F. Martin

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

1406 SE 20th Court

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33990

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

Elizabeth F. Martin

REGISTERED AGENT MUST SIGN

Date 2/20/04

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	Elizabeth F. Martin	1406 SE 20th Ct	Cape Coral, FL 33990
S	Diane B. Stanley	1405 Battleground Ave	Grovesboro, NC 27408

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:

Elizabeth F. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/20/04

Daytime Phone #

(239) 574-9994

CR2E081 (01/04)

282

E. F. Martin, Inc.
106 Hancock Bridge Parkway, Suite D15-538
Cape Coral, Florida 33991
(239) 574-9994 ■ FAX (239) 574-9994
E-mail: Emartin869@aol.com

February 20, 2004

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

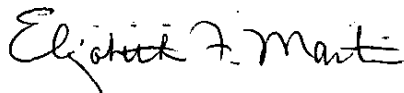
Dear Sir or Madam:

Enclosed is my application for reinstatement of E. F. Martin, Inc. as well as a check for the required fee of \$300. I discovered my corporation was not current when I applied for domestication of my North Carolina corporation (registered to do business in Florida).

Apparently, a Florida annual report is required; however, I did not receive any form. I have double-checked also with my accountant to be sure it was not an oversight on my part. A telephone call to your office proved quite helpful in guiding me to your website and the reinstatement application. We did verify you have the correct mailing address on record, so I still am not certain why I did not receive the proper forms.

Also, I am requesting a waiver of the additional fees, as suggested during my call earlier today. Thank you so much for your help as I finish my transition to Florida.

Sincerely,



Elizabeth F. Martin
President