

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 17 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500009577745
12/18/02--01045--001 **750.00

DOCUMENT # F04575

1. Corporation Name
MARTIN & GLASER, CHARTERED

2. Principal Office Address

2014 FOURTH ST

Suite, Apt. #, etc.

N/A

City & State

SARASOTA FL

Zip

34237

Country

USA

3. Mailing Office Address

2014 FOURTH ST

Suite, Apt. #, etc.

N/A

City & State

SARASOTA FL

Zip

34237

Country

USA

REINSTATEMENT 2002

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/80

5. FEI Number

592039064

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

WHITNEY C. GLASER

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

2014 FOURTH STREET

Suite, Apt. #, Etc.

N/A

City

SARASOTA

State

FL

Zip Code

34237

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

Whitney C. Glaser

REGISTERED AGENT MUST SIGN

Date 12-11-02

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
DP	PETER W. MARTIN	2014 FOURTH ST.	SARASOTA, FL 34237
DS	WHITNEY C. GLASER	2014 FOURTH ST.	SARASOTA, FL 34237

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/02

Date

941.365.4072

Daytime Phone #

CR2E081 (9/01)