

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F96000000967**

1. Corporation Name

MARTA TRACK CONSTRUCTORS, INC.

Principal Place of Business

ROUTE 136 & MITCHELL ROAD
EIGHTY FOUR PA 15330
A

Mailing Address

ROUTE 136 & MITCHELL ROAD
EIGHTY FOUR PA 15330
A

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.
1024 Route 519, Suite 300

City & State
Eighty Four, PA

Zip Country
15330 US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
1024 Route 519, Suite 300

City & State
Eighty Four, PA

Zip Country
15330 US

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/1996

5. FEI Number

52-1059261

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
PCEO	STOUT, T. PHILIP	1024 Route 519, Suite 300	EIGHTY FOUR PA 15330
D	STOUT, T. PHILIP	1024 Route 519, Suite 300	EIGHTY FOUR PA 15330
ST	GOLDING, JOHN W	1024 Route 519, Suite 300	EIGHTY FOUR PA 15330
			9000004642039-5 -10/18/01--01086--023 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

9000004642039-5
-10/18/01 State ID# 024
*****8.75 *****8.75

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.

Signature of
Registered Agent

K. A. S.
Kevin A. Schmitz, Asst Secretary
REGISTERED AGENT MUST SIGN

Date **10-15-01**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas P. Stout, President

10/12/01

Date

724-225-6155

Daytime Phone #

FILED

01 OCT 16 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 01 18

CR2040 (8/01)