

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 FEB 16 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J42658

1. Corporation Name

MARTORELL CORPORATION

REINSTATEMENT 04-09
CR2E081 (12/08) *CC 2/18*

2. Principal Office Address - No P.O. Box #

3110 MORRISON AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

11300 CYPRESS DRIVE

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TEMPLE TERRACE, FL

Zip

33629

Country

US

Zip

33617

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1986

5. FEI Number
59-2743737

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

RICHARD A. MARTORELL

Street Address (P.O. Box Number is Not Acceptable)
11300 CYPRESS DRIVE

Suite, Apt. #, Etc.

City

TEMPLE TERRACE, FL

State

FL

Zip Code

33617

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Richard A. Martorell
REGISTERED AGENT MUST SIGN

Date *2/13/09*

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	RICHARD A. MARTORELL	11300 CYPRESS DRIVE	TEMPLE TERRACE, FL 33617
S	PETER KNIGHT MARTORELL	11300 CYPRESS DRIVE	TEMPLE TERRACE, FL 33617
S	RICHARD A. JR MARTORELL	11300 CYPRESS DRIVE	TEMPLE TERRACE, FL 33617

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02/16/09--01047--019 **1500.00

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 contained in Chapter 119, 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: *Richard A. Martorell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/09 Date
813 952 4931 Daytime Phone #

RICHARD A. MARTORELL M.D.