

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

FILED  
 02 MAY -8 PH 3:45  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** M12807

**1. Corporation Name**  
 MARTHA LANE CORPORATION

*WML-12393*

<b>2. Principal Office Address</b> 125 Brazilian Avenue		<b>3. Mailing Office Address</b> 125 Brazilian Avenue	
Suite, Apt. #, etc. P.O. Box 3120		Suite, Apt. #, etc. P.O. Box 3120	
City & State Palm Beach, Florida		City & State Palm Beach, Florida	
Zip 33480	Country USA	Zip 33480	Country USA

**REINSTATEMENT 98-02**

**4. Date Incorporated or Qualified To Do Business in Florida**  
3/19/1985

**5. FEI Number** 59-2524864  
 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: **Joseph R. Bagby**

Street Address (P.O. Box Number is Not Acceptable):  
 125 Brazilian Avenue

Suite, Apt. #, Etc.:

City: **Palm Beach,** State: **FL** Zip Code: **33480**

400005598274-4  
 -05/22/02--01059-026  
 \*\*\*1350.00 \*\*\*1350.00

**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: *Joseph R. Bagby* Date: **4/20/02**  
 REGISTERED AGENT MUST SIGN

**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
DST	Martha Bagby	125 Brazilian Avenue	Palm Beach, FL 33480
DBP	George Alai	25 Dogwood Trail	Randolph, NJ
DP	Joseph Bagby	125 Brazilian Avenue	Palm Beach, FL 33480
AS	David Shaw	450 Royal Palm Way, Ste 600	Palm Beach, FL 33480

**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:** *Joseph R. Bagby* **PRESIDENT** Date: **4/20/02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Daytime Phone #: **(561) 833-5600**

CR2E081 (9/01)

B