## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		A DEPARTMENT OF STATE Secretary of State vision of corporations		FILED 03 OCT -9 PM 3: 17
DOCUMENT # M94289  1. Corporation Name A. G. "TONY" MARTIN COMPANY			SECRETARY OF STATE MALLAHASSEE FLORIDA  [Main and Main an	
2 Principal Office Address 115 INDIAN RIVER DI Euite) Apt. #, etc. 446 City & State Cocoa F1. Zip Country 32922 BREVARD	Suite Apt.	6	4. Date Incorp To Do Bus 5. FEI Numbe	002366374 0301049006 **150.00  prorated or Qualified ness in Florida 8 -\\$-\\$-\\$-\\$8  ar
7. Name and Address of Current Registered Agent  Name A. G. TDNY MARTIN  Street Address (P.O. Box Number is Not Acceptable) LISTINDIAN KIVER DRIVE  Suite, Apt. #, Etc.  City Cocoa  State Zip Code FL 329 22  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  Date 10 -7 - 2003				
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
	T R. D. HAYES		e DR DR	Coca F1.32922 Rock. Fe 32955
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 filling 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 rpy signature shall have the same legal effect as if made under oath.  SIGNATURE:    10 - 7 - 200 3   32   4 - 59 - 266.55				

## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR)

## May 10, 2002 8:00 am Secretary of State DOCUMENT # M94289 1. Entity Name 05-10-2002 90027 032 \*\*\*1 50.00 A.G. "TONY" MARTIN COMPANY Principal Place of Business Mailing Address % A. G. MARTIN % A. G. MARTIN 150 EAST CRISAFULLI ROAD 150 EAST CRISAFULLI ROAD MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2904491 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN, A.G. Street Address (P.O. Box Number is Not Acceptable) 150 E. CRISAFULLI RD MERRITT ISLAND FL 32953 Zip Code 8. The above named entity submys this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) Change Change Delete TITLE TIFLE MARTN. A. G. NAME MARTIN, A.G. 115 INDIAN RIVER OR, Suite 416 NAME CR2E034 150 E. CRISARULLI RD STREET ADDRESS STREET ADDRESS MERROTP ISLAND FL CITY-ST-7IP CITY-S7-ZIP Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Defete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Channe Addition TITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TIME ☐ Channe NAME NAME

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an th all other like empowered.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Daytime Phone #

Addition

Department of State
Division of Corporations
Department of Corporation Reinstatement
P.O. Box 6327
Tallahassee, Fl 32314

October 7, 2003

Dear Sir or Madam,

Please accept this correspondence as a request to reinstate Florida Corporation #M94289. Upon review of our records, it was determined that the 2003 Uniform Business Report (UBR) was never received by our office. This is most likely attributable to the fact that the corporation had moved its location approximately one-year prior and mail was no longer being forwarded. This is evidenced by block 1 of the 2002 Uniform Business Report (UBR), which contained the former address.

We have completed the attached Corporation Reinstatement form and have entered the new addresses for the corporation, its agent, and its officers. Enclosed is a check in the amount of \$150 for the 2003 Uniform Business Report (UBR). We will verify this filing using the on-line access service at the end of October.

Should you have any questions concerning this matter please contact me at 321.459.2665.

Very truly yours,

A.G. "Tony" Martin,

President and Registered Agent