

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 23 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003153

1. Corporation Name

MARTIN COUNTY COMMUNITY  
VIEWPOINT, INC.

2. Principal Office Address

3748 WOODBRIAR LN 3748 WOODBRIAR LN  
Suite, Apt. #, etc.

3. Mailing Office Address

3748 WOODBRIAR LN 3748 WOODBRIAR LN  
Suite, Apt. #, etc.

City & State

PAHA CITY, FL  
Zip Country

34990 MARTIN

City & State

PAHA CITY, FL  
Zip Country

34990 MARTIN

4. Date Incorporated or Qualified  
To Do Business in Florida

5-4-01

5. FEI Number

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

WILLIAM C SUMMERS

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

3748 WOODBRIAR LN

Suite, Apt. #, Etc.

City

PAHA CITY, FL

State  
FL

Zip Code

34990

900043672249  
12/28/04--01035--005 \*\*12.50

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

*William C. Summers*  
REGISTERED AGENT MUST SIGN

Date 12-20-04

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
PRES	WILLIAM C. SUMMERS	3748 WOODBRIAR LN	PAHA CITY, FL 34990
V. PRES	PAULEY KELLY	18866 SE PINEHURST	HOUSTON, TX 77058
SEC	DOLORES SUMMERS	3748 WOODBRIAR LN	PAHA CITY, FL 34990
TRES	ROBERT WICKSTON	2797 SUMMIT CIRCLE	PAHA CITY, FL 34990
	LINDA HANNAH	3553 SE FAIRWAY E	STUART, FL 34997

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:

*William C. Summers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-20-04

Daytime Phone #

CR2E081 (6/04)

Martin County Community Viewpoint  
W. C. Summers  
3748 SW Woodbriar Lane  
Palm City, Fl. 34990

Mr. Shawn Toner  
Department of State  
Division of Corporation  
PO Box 6327  
Tallahassee, Fl. 32314

Dear Mr. Toner,

This is a request for the reinstatement of the non-profit organization, "Martin County Community Viewpoint, Inc".

Our charter lapsed because our registered agent failed to comply with your requirements and failed to notify me, as president, or any other member of the Board of Directors, that he had not made the needed reports. For this we apologize.

After talking to a member of your staff and explaining our situation we are, as instructed, enclosing an application for reinstatement and a check for \$122.50

Thank you so much for your assistance.



W.C. Summers  
President  
Martin County Community Viewpoint