

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 15 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000001361**

1. Corporation Name

**THE MARTIN COUNTY PAN AMERICAN ROUND TABLE INC.**

Principal Place of Business

Mailing Address

P.O. BOX 824  
PALM CITY FL 34991

P.O. BOX 824  
PALM CITY FL 34991

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/25/2002

5. FEI Number

651145955

☒ 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
D	PALOMBA, VIOLA	5706 SW HONEY TERR	PALM CITY FL 34990
D	GAUDIA, GRISELDA	4572 BRANCH TERR	PALM CITY FL 34990
D	DENTON, SYLVIA	6954 BSW WISTERIA TERR	PALM CITY FL 34990
DT	CARTWRIGHT, MARY	336 INDIAN GROVE DR	STUART FL 34994
DS	RICARD, MARIA	P.O. BOX 824	PALM CITY FL 34991

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GAUDIA, GRISELDA  
4572 BRANCH TERR  
PALM CITY FL 34990

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Glenda E. Hood*

Date

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

10/27/03

CR2E040 (7/03)



The Martin County Pan American Round Table INC.

To: FLORIDA Dept of State

10-24-03

Dear Sir,

I'm writing to inform you that The Martin Co. Pan American Round Table did not receive the Two prior Uniform Business Report notice.

I'm enclosing a ch for 61.25 for a net - for profit corporation.

Sincerely,

Vivian Palanca