

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N02000009929

1. Corporation Name

MARTIN WEBB FOUNDATION INC.

Principal Place of Business

953 NE 91 TERRACE  
MIAMI SHORES FL 33138

Mailing Address

953 NE 91 TERRACE  
MIAMI SHORES FL 33138

FILED  
03 DEC 16 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

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

2. New Principal Office Address, If Applicable

SAME

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAME

City & State

SAME

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/26/2002

5. FEI Number

4-2072240

Applied For

Not Applicable

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	MARTIN, S A	953 NE 91 TERRACE	MIAMI SHORES FL 33138
D	MARTIN, E A	953 NE 91 TERRACE	MIAMI SHORES FL 33138
D	GENERETTE, W	953 NE 91 TERRACE	MIAMI SHORES FL 33138

700024573597  
11/10/03-01112-003 \*\*61.25

8. Name and Address of Current Registered Agent

MARTIN, S A  
953 NE 91 TERRACE  
MIAMI SHORES FL 33138

9. Name and Address of New Registered Agent

Name

SAME

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL 33138

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

S.A. Martin

REGISTERED AGENT MUST SIGN

Date

10/12/03

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:

S.A. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/03

Date

Daytime Phone #

305-751-8379

CR2040 (7/03)

**MARTIN WEBB FOUNDATION INC.**

953 N.E. 91 Terrace Miami Shores, Fl. 33138

Tel # 305-751-8379

Thursday, December 11, 2003

Justin M. Shivers  
Document Specialist  
State Of Florida  
MR. Shivers,

In response to your memo of Nov. 14-2003, I am happy to report while my check for \$61.25 was not returned as reported, I did received the check from my bank cashed by Florida State to a/c # DOS-4500453-1009068796 ON 11/10/03 \$61.25 was deposited in Bank Of America JAX. on 11/12 03 # 0630000474 E5218 90 P11 11/12 /03 6640073121

To recap the sequence of events 26 Dec. 2002 an application was filed for incorporation beginning 2003 the check was deposited in 2002 activating a 2002 foundation.

Since all these were so close to 2003 no renewal notices was sent and we did not believe it necessary to do what was already done.

Mr. Shivers considering all these mitigating circumstances and that it is our first year and first error our foundation implores a decision for active status without reinstatement penalty.

We thank you in advance and will file our 2004 report without delay.

Respectfully Yours

  
S.A. Martin  
Martin Webb Foundation

Ref.#n02000009929  
Letter #703a00062018