

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB -4 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N950000003410

1. Corporation Name

Citizens Coalition of Martin County

2. Principal Office Address

3471 SW Centre Ct

Suite, Apt. #, etc.

3. Mailing Office Address

3471 SW Centre Court

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

34990

Country

USA

City & State

Palm City, FL

Zip

34990

Country

USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified  
To Do Business in Florida

7/17/95

5. FEI Number

65-0599233

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

Donna Melzer

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

618 East Ocean Blvd.

Suite, Apt. #, Etc.

Suite # 5

City

Stuart

State

FL

Zip Code

34995

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

1/22/04

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
D	Donna Melzer	3471 SW Centre Ct, FL	Palm City, FL 34990
D	Howard Heims	618 E. Ocean Blvd	Stuart, FL 34995
D	Tom Tomlinson	7170 SW Rattlesnake	Palm City, FL 34990

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-04

Date

772/286-9845

Daytime Phone #