

APPROVAL
AND
FILING

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DEC 19 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000080340

1. Corporation Name

ANTHONY J. MARTINEZ, P.A.

2. Principal Office Address
15 CYPRESS WAY

3. Mailing Office Address
15 CYPRESS WAY

Suite, Apt. #, etc.

SUITE 205

Suite, Apt. #, etc.

SUITE 205

City & State

PALM COAST

City & State

FL

Zip

32164

Country

VOLUSIA

Zip

32164

Country

VOLUSIA

4. Date Incorporated or Qualified
To Do Business in Florida 08/21/2000

5. FEI Number
59-3678799

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-21

7. Name and Address of Current Registered Agent

Name

MARTINEZ, ANTHONY J.

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

130 SHADY BRANCH TRAIL

Suite, Apt. #, Etc.

City

ORMOND BEACH

State

FL

Zip Code

32174

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

Anthony J. Martinez

REGISTERED AGENT MUST SIGN

Date

12/06/04

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	ANTHONY J. MARTINEZ	130 SHADY BRANCH TRAIL	ORMOND BEACH, FL 32174

200043380702
12/09/04--01029--013 **1200.00

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:

Anthony J. Martinez / ANTHONY J.
MARTINEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/06/04

Daytime Phone #

386-442-4827

CR2E081 (01/04)