

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 NOV 24 AM 8:35

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P0000092686

1. Corporation Name

CHARLES P. MARTIN, D.D.S., P.A.

Principal Place of Business

2000 5TH AVE N  
 ST PETERSBURG FL 33713

Mailing Address

2000 5TH AVE N  
 ST PETERSBURG FL 33713



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

**REINSTATEMENT 03**

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/02/2000

5. FEI Number

59-3671978

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MARTIN, CHARLES P	2000 5TH AVE N	ST PETERSBURG FL 33713
			600024169196 11/25/03--01021--025 **450.00
			600024169196 10/27/03--01075--010 **150.00
			7/11/03 90050 003 150.00

8. Name and Address of Current Registered Agent

MARTIN, CHARLES P  
 2000 5TH AVE N  
 ST PETERSBURG FL 33713

9. Name and Address of New Registered Agent

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

**SIGNATURE REQUIRED**

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:

*Charles P. Martin*

10/22/2003

(727)894-3065

CR2E040 (7/03)