

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 OCT 21 AM 11:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P00000116767**

1. Corporation Name

JANA MARTIN, P.A.

Principal Place of Business

Mailing Address

152 TALL TREES CT.
 SARASOTA FL 34232

152 TALL TREES CT.
 SARASOTA FL 34232

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

2. New Principal Office Address, If Applicable

~~3010 PLANTERS KNOLL TER.~~

3. New Mailing Office Address, If Applicable

~~8010 PLANTERS KNOLL TER.~~

4. Date Incorporated or Qualified To Do Business in Florida

12/22/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1067901

Applied For

Not Applicable

City & State

~~BRADENTON FL.~~

City & State

~~BRADENTON FL~~

Zip

~~34201~~

Country

~~FLORIDA~~

Zip

~~34201~~

Country

~~FLORIDA~~

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
P	MARTIN, JANA	152 TALL TREES CT. 8010 PLANTERS KNOLL TER.	SARASOTA FL 34232 BRADENTON, FL. 34201
ST	MARTIN, JAMES R.	152 TALL TREE CT. 8010 PLANTERS KNOLL TER.	SARASOTA FL 34232 BRADENTON, FL. 34201
P	MARTIN, JANA	8010 PLANTERS KNOLL TER.	BRADENTON, FL. 34201
ST	MARTIN, JAMES R.	8010 PLANTERS KNOLL TER.	BRADENTON, FL. 34201
			300023973103 10/21/03 01000 017 **750.00

8. Name and Address of Current Registered Agent

HANKIN, LAWRENCE M
 2033 MAIN ST., STE. 400
 SARASOTA FL 34237

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

[Handwritten Signature]

Date

10/16/03

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/03

Daytime Phone #

941-928-5859

CR2E040 (7/03)