

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR -3 AM 8:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01 000053495

1. Corporation Name

JIM MARTIN STABLE, INC.

2. Principal Office Address

6140 W. Knights Griffin Rd. 4810 Edmond Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

4810 Edmond Ct.

Suite, Apt. #, etc.

City & State

Plant City, FL 33565

City & State

Dover, FL 33527

Zip

33565

Country

USA

Zip

33527

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3734447

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RUSSELL K. PEAVYHOUSE, ESQ.

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

10002 Princess Palm Ave., Ste. 200

Suite, Apt. #, Etc.

Suite 200

City

Tampa

State
FL

Zip Code

33619

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

✓

REGISTERED AGENT MUST SIGN

Date 3/26/03

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
P/S-T	James R. Martin	4810 Edmond Ct.	Dover, FL 33527
VP	Judith C. Martin	4810 Edmond Ct.	Dover, FL 33527

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)(b), 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:

James R. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03 (813) 623-3999

Date

Daytime Phone #

CR2E081 (8/03)

PEAVYHOUSE & OPP, P.A.

ATTORNEYS AT LAW

RUSSELL K. PEAVYHOUSE

CLIFFORD R. OPP, JR.

SABAL PARK
10002 PRINCESS PALM AVENUE
SUITE 228, REGISTRY ONE
TAMPA, FLORIDA 33619-1357

(813) 623-3999
FAX (813) 623-1587

March 26, 2003

Division of Corporation
Department of State
Post Office Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement
Jim Martin Stable, Inc.
P01-000053495

Dear Sir/Madam:

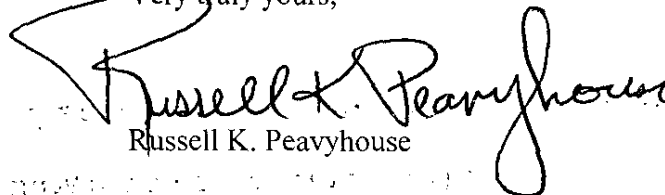
Please find enclosed a completed Corporation Reinstatement form for filing in the above-captioned matter. Also enclosed is our firm's check payable in the total amount of \$300 representing the annual reporting fees due for 2002 and for 2003.

The Annual Report form for this corporation was not received, and no notice from the Department was received either at the business address or at the Registered Agent's address.

Please note the change of mailing address to the home of the principal officer of this corporation, hopefully to prevent future problems in receiving the Department's notices.

Thank you very kindly for your attention and consideration in this matter. Should you have any further questions or need further information, please do not hesitate to contact me directly at the above address.

Very truly yours,



Russell K. Peavyhouse

RKP/lw
enclosures