

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000074887

1. Corporation Name
J.R. MARTIN, INC.

FILED
02 OCT 29 PM 4: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3410 LINDSEY ST 3410 LINDSEY ST
DOVER FL 33527 DOVER FL 33527

2002 WBR



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/27/2001	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3741375	
Country		Country		Applied For	
		P.O. Box 90		Not Applicable	
		Dover Florida		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
		33527		\$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, JOSEPH R	3410 LINDSEY ST	DOVER FL 33527
PVST	MARTIN, JOSEPH R	3410 LINDSEY ST	DOVER FL 33527

200008645512
10/29/02--01043--003 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
MARTIN, JOSEPH R 3410 LINDSEY ST DOVER FL 33527		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City		State	Zip Code
		FL			

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: **SIGNATURE REQUIRED** Joseph R Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 10/26/02 Daytime Phone #: 813-240-5787

CR2E040 (8/02)

2092

J. R. MARTIN, INC.
P. O. Box 90
Dover, Florida 33527
(813) 240-5787

October 24, 2002

Florida Department of State
Division of Corporations
Tallahassee, Florida

Re: J. R. Martin, Inc. P01000074887

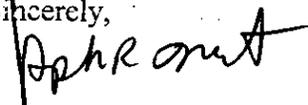
Dear Sir/Madam:

On October 23, 2002 I receive a Notice of Administrative Dissolution or Revocation for my corporation. This was the first time I have received anything from your office.

I called and was told to follow the direction on the page titled Important Facts

I have not ever received a Uniform Business Report from your office, or any other mailings of any kind, The enclosed form is the first document received.

Enclosed you will find my check for the \$150.00 Filing Fee and a completed Report, with a change for my mailing address.

Sincerely,

Joseph R. Martin, President

JRM/cm

Enclosures