

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P01000074887

1. Corporation Name

J.R. MARTIN, INC.

Principal Place of Business

3410 LINDSEY ST  
DOVER FL 33527

Mailing Address

3410 LINDSEY ST  
DOVER FL 33527

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/27/2001

5. FEI Number

59-3741375

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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  
FL

Zip Code

CR2E040 (8/02)

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

REGISTERED AGENT MUST SIGN

Date

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

10/26/02 813-240-5787

Date

Daytime Phone #

20f2

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:

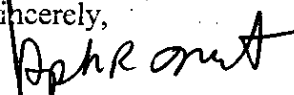
On October 23, 2002 I receive a Notice of Administrative Dissolution or Revocation for my corporation. This was the first time I have received anything from your office.

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