

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 13 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000041078**

1. Corporation Name

MARTIN BORGES SERVICES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 19102
WEST PALM BEACH FL 33416

P.O. BOX 19102
WEST PALM BEACH FL 33416

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

04/16/2002

5. FEI Number

Applied For

020588800

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	BORGES, MARTIN	P.O. BOX 19102	WEST PALM BEACH FL 33416

300023760333
10/13/03--01090--023 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BORGES, MARTIN
860 W. 53RD STREET
HIALEAH FL 33014

Name

MARTIN BORGES

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

1545 "D" FOREST AVE in

Suite, Apt. #, Etc.

City

W.P.B.

State

FL

Zip Code

33406

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

Date 10-9-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-9-03 1800-970-0821

CP2E040 (7/03)