PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
04 JAN 30 AM 11:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000055333

REINSTATEMENT 03-04

1. Corporation Name
Martha J. Pike, P.A.

2. Principal Office Address	**3.** Mailing Office Address
417 Tortuga Drive	417 Tortuga Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Nokomis, FL	City & State: Nokomis, FL
Zip: 34275 Country: USA	Zip: 34275 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/17/2002

5. FEI Number: 03-0461336 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Pike, Martha J.

Street Address (P.O. Box Number is Not Acceptable): 417 Tortuga Drive

000027910360
01/30/04--01006--004 **30.00

Suite, Apt. #, Etc.

City: Nokomis | State: FL | Zip Code: 34275

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: Martha J Pike — Date: 1/27/04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
D	Pike, Martha J.	417 Tortuga Drive	Nokomis, FL 34275

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)(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: Martha J Pike — 1/27/04 — 941-716-4392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To whom it may concern.

Enclosed is my application to re-instate My corporation for 2003 + 2004. The amount of #300 is the sum owed for that time with the waiver of the fine, since I never received the application. Thank you for your attention to this re-instatement

Sincerely,

Marilyn Pike

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