

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -5 PM 5:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000068382

1. Corporation Name **ET Martin Construction, Inc.**

2. Principal Office Address 13540 N FIA AVE		3. Mailing Office Address 13540 N FIA AVE	
Suite, Apt. #, etc. 206 B		Suite, Apt. #, etc. 206-B	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33613	Country USA	Zip 33613	Country

REINSTATEMENT

03-04

4. Date incorporated or Qualified To Do Business In Florida	
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name	US Accounting Office, Inc.	
Street Address (P.O. Box Number is Not Acceptable)	4815 E Bush Blvd #113	
Suite, Apt. #, Etc.		
City	State FL	Zip Code 33617

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 Date **4-5-04**

REGISTERED AGENT MUST SIGN

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
PST	Everett Martin	13540 N FIA AVE #206 B Tampa, FL 33613	Tampa, FL 33613

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: Date **4-5-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/04)

2082

**E. T. Martin
Construction, Inc.**

13540 N Florida Ave Suite 206.B
Tampa, FL 33613

May 3, 2004

Department of State

Please accept this return as filed on time. The mailing address was changed and we did not receive the original paperwork. We are enclosing a check for \$300.00 with a copy of the return. Thank you for your cooperation.

Sincerely,

Everett Martin

Everett Martin