

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 SEP 10 AM 8:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000082501

**1. Corporation Name**

Alisia S. Martin, M.D. P.A

**2. Principal Office Address**

1538 The Greens Way

Suite, Apt. #, etc.

Suite 101

City & State

Jacksonville, FL

Zip

32250

Country

**3. Mailing Office Address**

7632 Wexford Club Dr. West

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32256

Country

REINSTATEMENT 03-04  
MRS

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/29/2002

**5. FEI Number**

16-1619540

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

Stoneburner, Gresham R

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

841 Prudential Dr

Suite, Apt. #, Etc.

Suite 1400

City

Jacksonville

State

FL

Zip Code

32207

**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

Alisia Martin

Date 9-7-04

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
D	Martin, Alisia	7632 Wexford Club Dr. W	Jacksonville, FL 32256

300040964643  
09/10/04--01048--014 \*\*900.00

**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:

Alisia Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/4

Date

(904) 543-0161

Daytime Phone #

CR2E061 (01/04)