

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -3 PM 3: 59

REINSTATEMENT 05-06



10192005 REIN-P CR2E098 (6/04)

DOCUMENT # P02000097638			
1. Entity Name GAGE-MARTIN OF TAMPA BAY, INC.			
Principal Place of Business 15846 SANCTUARY DR. TAMPA, FL 33647		Mailing Address 15846 SANCTUARY DR. TAMPA, FL 33647	
2. Principal Place of Business 15417 N. FLORIDA AVE.		3. Mailing Address 15417 N. FLORIDA AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL.		City & State TAMPA, FL.	
Zip 33613	Country USA	Zip 33613	Country USA

4. FEI Number
30-0118718

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARKSBERRY, DEE
15846 SANCTUARY DR.
TAMPA, FL 33647

7. Name and Address of New Registered Agent
Name
MARKSBERRY, DEE
Street Address (P.O. Box Number is Not Acceptable)
15417 N. FLORIDA AVE.
City
TAMPA FL Zip Code
33613

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dee Marksberry DATE 1/4/06
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARKSBERRY, DEE 15846 SANCTUARY DR. TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P MARKSBERRY, DEE 15417 N. FLORIDA AVE. TAMPA, FL. 33613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800065198318 02/06/06--01021--005 **008.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dee Marksberry DATE 1/4/06 (813) 961-9551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR