

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

PGC/102

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 102000131227

1. Corporation Name

Joseph C. Martin PA

2. Principal Office Address
11115 Lukanotosa Trl.

Suite, Apt. #, etc.

3. Mailing Office Address
11115 Lukanotosa Trl.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip 32817

Country USA

Zip 32817

Country USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

Dec. 12, 2002

5. FEI Number

13-4226341

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

Joseph C. Martin

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

11115 Lukanotosa Trl.

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code
32817

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 10.18.2006

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
P	Joseph C. Martin	11115 Lukanotosa Trl.	Orlando, FL 32817
V	Tamara P. Perlin	11115 Lukanotosa Trl.	Orlando, FL 32817
		3 10 2006	500081074895 10/18/06--01057-010 *208.75
	REINSTATEMENT DS/JP		

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 contained in Chapter 119, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.18.2006 407.466.3383

Date

Daytime Phone #

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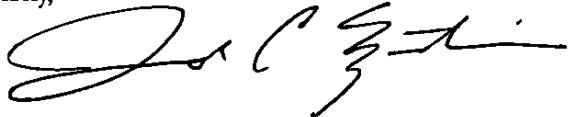
October 18, 2006

Florida Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32314

Dear Madam or Sir:

Enclosed is a reinstatement form for my corporation, Joseph C. Martin PA. Federal Id # 13-4226341. I never received my annual report notice and thought that my accountant had taken care of everything. To my dismay, I found out last week that I was past due for renewal. As per our phone conversation last week, I have enclosed a check for \$300 plus an additional \$8.75 for a Certificate of Status. Thank you in advance for your time and consideration in this matter.

Sincerely,



Joseph C. Martin PA