

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT 20 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 802000131227

1. Corporation Name

Joseph C. Martin PA

2. Principal Office Address

11115 Lokanotosa Trl.

3. Mailing Office Address

11115 Lokanotosa Trl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32817

Country

USA

Zip

32817

Country

USA

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 Lokanotosa 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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10.18.2006

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 Lokanotosa Trl.	Orlando, FL 32817
V	Tamara P. Perlin	11115 Lokanotosa Trl.	Orlando, FL 32817

B 10/27/06

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10/20/06--01057--010 \*\*308.75

REINSTATEMENT 05-06

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.18.2006

Date

407.466.3383

Daytime Phone #

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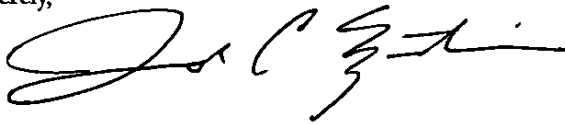
October 18, 2006

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,

A handwritten signature in black ink, appearing to read "Joe C Martin", written in a cursive style.

Joseph C. Martin PA