

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 10 PM 4:16

DOCUMENT # P04000013846

1. Corporation Name

Marten Metalworks, Inc.

2. Principal Office Address - No P.O. Box #

1414 SE 1st St.

Suite, Apt. #, etc.

Unit 1A

City & State

Boynton Beach

Zip

33435

Country

USA

3. Mailing Office Address

8682 Tourmaline Blvd.

Suite, Apt. #, etc.

City & State

Boynton Beach

Zip

33472

Country

USA

100171739221
03/10/10--01002--026 **750.00
CR2E081 (11/09)

REINSTATEMENT

08-10

4. Date incorporated or Qualified
To Do Business In Florida

01/12/2004

5. FEI Number

200561779

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

Lisette Ten Hoopen

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

8682 Tourmaline Blvd.

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33472

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Lisette Ten Hoopen
REGISTERED AGENT MUST SIGN

Date March 8, 2010

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 |
|-----------|--------------------------------------|---|-------------------------|
| President | Lisette Ten Hoopen | 8682 Tourmaline Blvd. | Boynton Beach, FL 33472 |
| N/A | No other Officers/Directors | N/A | N/A |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: lizurd102@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Lisette Ten Hoopen

Lisette Ten Hoopen

03/08/2010 305-505-6881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #