

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 FEB 27 AM 10:48

DOCUMENT # **PO 4 000085700**

1. Corporation Name

**MARTIN LANDSCAPE INC**

2. Principal Office Address

**3102 PURDOM DRIVE**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE, FLORIDA**

Zip

**32223**

Country

**USA**

3. Mailing Office Address

**3102 PURDOM DRIVE**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE, FLORIDA**

Zip

**32223**

Country

**USA**

**REINSTATEMENT 05-06**

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**2004**

5. FEI Number

**56-2458910**

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

**SCOTT A MARTIN**

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

**3102 PURDOM DRIVE**

Suite, Apt. #, Etc.

City

**JACKSONVILLE**

State

**FL**

Zip Code

**32223**

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 **2-7-06**

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
<b>Pres</b>	<b>SCOTT A MARTIN</b>	<b>3102 PURDOM DRIVE</b>	<b>JACKSONVILLE, FLORIDA 32223</b>

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:

*[Signature]* **SCOTT A MARTIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-7-06**

Date

**904-866-0576**

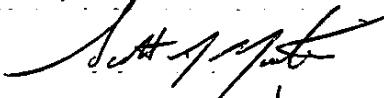
Daytime Phone #

20/2

2/23/06

To Whom it may Concern,

I Did Not receive the original or Secord  
Notice Annual Report For 2005



SCOTT A MARTIN

President / owner

MARTIN LANDSCAPE INC

FET NO# 56-2458910