2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2005
Secretary of State

DOCUMENT# P04000163885

Entity Name: MARTIN LABOR SERVICE INC

Current Principal Place of Business:

59 NORTH COUNTY HWY 10-A
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

59 NORTH COUNTY HWY 10-A
DEFUNIAK SPRINGS, FL 32433

New Mailing Address:

FEI Number: 20-1964238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, THOMAS L
59 NORTH COUNTY HWY 10-A
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

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.

SIGNATURE: THOMAS L. MARTIN

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MARTIN, THOMAS L
Address: 59 NORTH COUNTY HWY 10-A
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: SEC ( ) Delete
Name: MARTIN, TINA H
Address: 59 NORTH COUNTY HWY 10-A
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP ( ) Delete
Name: LYNCH, JOHNNY R
Address: 2413 STATE HWY 2 WEST
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS L. MARTIN PRES 10/06/2005

Electronic Signature of Signing Officer or Director — Date