

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000171658

1. Entity Name  
RICHARD MARTIN INC



FILED

09 FEB 06 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
RICHARD MARTIN MD  
9448 W EDGAR EARL LOOP  
CRYSTAL RIVER, FL 34428 US

Mailing Address  
P.O. BOX 1355  
CHIEFLAND, FL 32644 US



REINSTATEMENT 08-09

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
20-2050038

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUTEAU, MARIA R  
916 US HWY 41 SOUTH  
INVERNESS, FL 34450

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/09

FILE NOW!!! FEE IS \$750.00  
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
P MARTIN, RICHARD ☐ Delete  
STREET ADDRESS 9448 W EDGAR EARL LOOP  
CITY-ST-ZIP CRYSTAL RIVER, FL 34428

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 200138034632  
CITY-ST-ZIP 11/18/08--01007--018 \*\*750.00

TITLE NAME  
S,T MARTIN, RICHARD ☐ Delete  
STREET ADDRESS 9448 W EDGAR EARL LOOP  
CITY-ST-ZIP CRYSTAL RIVER, FL 34428

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 200138034632  
CITY-ST-ZIP 02/12/09--01040--003 \*\*150.00

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-08

32493-2755