

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB -4 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 905000002437

1. Corporation Name

J.C. DEMARTINIS INC

W08-4618

400115995744
01/24/08--01029--012 **450.00

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

16116 BRIDGEWALK DR

Suite, Apt. #, etc.

3. Mailing Office Address

16116 BRIDGEWALK DR

Suite, Apt. #, etc.

City & State

LITHIA FLORIDA

City & State

LITHIA FLORIDA

Zip

33547

Country

HILLSBOROUGH

Zip

33547

Country

HILLSBOROUGH

REINSTATEMENT 06-08
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

1/5/2005

5. FEI Number

20-2110453

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

John C. DEMARTINIS

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

16116 BRIDGEWALK DR

Suite, Apt. #, Etc.

City

LITHIA

State

FL

Zip Code

33547

☒ 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

John C. Demartinis
REGISTERED AGENT MUST SIGN

Date 1/16/2007

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
PRES	John C. DEMARTINIS	16116 BRIDGEWALK DR	LITHIA FL 33547

REINSTATEMENT

W08

RH

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/2008 (813) 313.4898

Daytime Phone #

16116 Bridgedale Dr
Lithia Florida 33547
January 16, 2008

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Corporation

Attached please find a Corporate Reinstatement form for my corporation 'J.C. DeMartinis Inc' along with a check in the amount of \$450 to bring my corporation fees up to date. The amount of the check is the amount that the person I spoke to in the reinstatement office asked me to pay. She said that I would not have to pay reinstatement fees because I never received the original corporate bills from the state.

As I explained to the representative, I opened my corporation in 2005 and changed my address during 2005. The address on file with the State Department was my old address and the forms were never received by me.

If there are any questions, I can be reached at 813 313-4898

Thank you



John C. DeMartinis