

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 22 AM 8 37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

700177072777
04/22/10--01028--022 **600.00

DOCUMENT # P05000084773

1. Corporation Name

MICHAEL J MARTINEZ, PA

REINSTATEMENT 07-10

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

225 SW 20 ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

225 SW 20 ROAD

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33129

Country

US

Zip

33129

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

06 /13/C5

5. FEI Number
20-2992715

☐ 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

MICHAEL J MARTINEZ

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

225 SW 20 ROAD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33129

☒ 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

Date **✓ 4-20-10**

REGISTERED AGENT MUST SIGN

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
P	MICHAEL J MARTINEZ	225 SW 20 ROAD	MIAMI, FL 33129
			04/26

10. E-mail Address: **MMARTINEZ@MICHAELMARTINEZREALTOR.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4-20-10

Date

305-979-9367

Daytime Phone #