

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 MAR -4 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P05000167589

1. Corporation Name

MARTHA BROOKS, PA

**REINSTATEMENT** 08-10

900167986309

02/04/10--01005--024 \*\*300.00

CR2E081 (11/09)

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

903 SARA DR

Suite, Apt. #, etc.

3. Mailing Office Address

903 SARA DR

Suite, Apt. #, etc.

City & State

SHALIMAR, FL

City & State

SHALIMAR, FL

Zip

32579

Country

USA

Zip

32579

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/29/2005

5. FEI Number

20-4105412

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 MARTHA  
~~MARTHA~~ BROOKS

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

903 SARA DR

Suite, Apt. #, Etc.

City

SHALIMAR, FL

State

FL

Zip Code

32579

☒ 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

Martha Brooks

Date 12-08-2009

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	MARTHA BROOKS	903 SARA DR	SHALIMAR, FL. 32579

700171280297  
03/04/10--01044--027 \*\*150.00

10. E-mail Address: ULLI@MCOUAIDTAX.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:

Martha Brooks MARTHA BROOKS

Date

12-30-2009

Daytime Phone #

2/500