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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 OCT -2 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P08000049185

1. Corporation Name

MARTINDOWNS EGYPTIAN CENTER INC

**REINSTATEMENT 2009**

000161382730  
10/06/09--01022--002 \*\*150.00

CR2E081 (12/08)

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

6780 S.W. MARTIN HWY

Suite, Apt. #, etc.

3. Mailing Office Address

6780 S.W. MARTIN HWY

Suite, Apt. #, etc.

City & State

Palm City

City & State

Palm City

Zip

34990

Country

USA

Zip

34990

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/15/08

5. FEI Number

26-2633542

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

George Cormier

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

807 S.W. St. Julien Ct.

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34986

☐ 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

George Cormier

REGISTERED AGENT MUST SIGN

Date 10/1/09

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
<u>Pres</u>	<u>George Cormier</u>	<u>807 S.W. St. Julien Ct.</u>	<u>Port St. Lucie FL 34986</u>
<u>V.P.</u>	<u>Sandra Cormier</u>	<u>807 S.W. St. Julien Ct.</u>	<u>Port St. Lucie FL 34986</u>
<u>Secy</u>	<u>George Cormier</u>	<u>807 S.W. St. Julien Ct.</u>	<u>Port St. Lucie FL 34986</u>
<u>Treas</u>			

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:

George Cormier  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/09  
Date

772-873-3252  
Daytime Phone #

JC 10/6

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GEORGE COSMAN  
807 SW ST JULIEN CT  
PORT ST LUCIE, FLORIDA 34986  
Phone 772 873 3252 fax 772 873 0339  
e-mail [smallworldgc@att.net](mailto:smallworldgc@att.net)

State Department  
Division of Corporations  
PO BoX 6327  
Tallahassee Florida 32314

Re: Martin Downs Equestrian Center Inc  
Corporate Reinstatement Document # P08000049185

Per my conversation with your office, we never received any paperwork for an annual report to my knowledge. We did receive paperwork from a company called Compliance Service for annual minutes report which we paid them \$125.00 & we now understand from your office that they are not affiliated with your offices. Live & learn I guess.

Enclosed is the form as downloaded with a check in the amount of \$150.00 for the annual report. I can be reached at the heading information above.

Thank you for all of your help in this most important matter.

Sincerely

George Cosman  
President Martin Downs Equestrian Center Inc.