

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 26 PM 2:06

DOCUMENT # **P27531**

1. Corporation Name
MARTHA FROMM ENTERPRISES, INC.

Principal Place of Business Mailing Address

1505 20TH ST. 1505 20TH ST.
 VERO BEACH FL 32960 VERO BEACH FL 32960
 US US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **12/29/1989**

5. FEI Number **39-1581792** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	FROMM, MARTHA E.	409 MAIN STREET	EAU CLAIRE WI
			900004677959--2 11/14/01 01014 029 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

FROMM, MARTHA E.
 1505 20TH ST.
 VERO BEACH FL 32960

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Marta E. Fromm* Date **10-23-01**

REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: *Marta E. Fromm* **Marta Fromm**
 President
 10-23-01 715-234-3442
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)