

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
Jun 17, 2002 8:00 A.M.
Secretary of State

DOCUMENT # P92000010149

1. Corporation Name

Martin Distribution Inc.

2. Principal Office Address

1309 Bessent Rd

Suite, Apt. #, etc.

City & State

Starke FL

Zip

32091

Country

3. Mailing Office Address

P.O. Box 6875

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32236

Country

REINSTATEMENT 99-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

1992

5. FEI Number

59-3152384

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

Marty Martin

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

1309 Bessent Rd

Suite, Apt. #, Etc.

City

Starke

State
FL

Zip Code

32091

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-06/27/02--01059-016

***1208.75 *** 208.75

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

Marty Martin
REGISTERED AGENT MUST SIGN

Date 6-14-02

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 |
|-----------|--------------------------------------|---|--------------------|
| President | Marty Martin | 1309 Bessent Rd Starke FL | 32091 |
| | | | |
| | | | |
| | | | 1050.00 - Adm |
| | | | 61.25 - AR |
| | | | 88.75 - ARSUPP |
| | | | 8.75 - Cert |

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 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:

Marty Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-14-02 904-781-3226

Daytime Phone #

CR2E081 (9/01)