

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000018749

1. Entity Name  
MISS MARTI INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 31 PM 1:43

Principal Place of Business  
3114 THOMAS DR.  
PANAMA CITY BEACH, FL 32408 US

Mailing Address  
3114 THOMAS DR.  
PANAMA CITY BEACH, FL 32408 US



2. Principal Place of Business  
2433 THOMAS DR  
Suite, Apt. #, etc.  
#143

3. Mailing Address  
2433 THOMAS DR  
Suite, Apt. #, etc.  
#143

03282006 REIN-P CR2E098 (11/05)

City & State  
PANAMA CITY BCH, FL

City & State  
PANAMA CITY BCH, FL

Zip  
32408

Country  
USA

Zip  
32408

Country  
USA

4. FEI Number  
59-3233915

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
NEWTON, MARTHA L  
3114 THOMAS DR.  
PANAMA CITY BEACH, FL 32408

7. Name and Address of New Registered Agent  
Name  
SAMUEL T. NEWTON  
Street Address (P.O. Box Number is Not Acceptable)  
3114 THOMAS DR  
#143  
City  
PANAMA CITY BCH FL 32408

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  
Samuel T. Newton

3/30/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

|  |   |            |
|--|---|------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>NEWTON, MARTHA L<br>3114 THOMAS DR.<br>PANAMA CITY, FL 32408<br>Delete <input type="checkbox"/> | SAME AS #2 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>NEWTON, SAMUEL T<br>3114 THOMAS DR.<br>PANAMA CITY, FL 32408<br>Delete <input type="checkbox"/>  | SAME AS #2 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><br>Delete <input type="checkbox"/>   |            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><br>Delete <input type="checkbox"/>   |            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><br>Delete <input type="checkbox"/>   |            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><br>Delete <input type="checkbox"/>   |            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 400069962644<br>04/10/06--01064--013 **900.00<br>Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><br>Change <input type="checkbox"/> Addition <input type="checkbox"/>                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><br>Change <input type="checkbox"/> Addition <input type="checkbox"/>                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><br>Change <input type="checkbox"/> Addition <input type="checkbox"/>                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><br>Change <input type="checkbox"/> Addition <input type="checkbox"/>                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><br>Change <input type="checkbox"/> Addition <input type="checkbox"/>                                  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Samuel T. Newton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06

Date

Daytime Phone #