PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING PARTIFORM. **APPLICATION** FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State 1997 SEP 18 AN 10: 06 REINSTATEMENT DIVISION OF CORPORATIONS¥ SECRETARY OF STATE TALLAHASSEE, FLORIDA P93000056182 DOCUMENT # 1. Corporation Name MARTINSON ENTERPRISES, INC. W9700017659 Malling Address Principal Place of Business 925 ANGELO LN - 025-ANGELO-LN -0000A-DEAOH-FL-02931 -- COCOA-BEACH FL-92931 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 Date Incorporated or Qualified To Do Business in Florida 08/09/1993 5. FEI Number Applied For 59-3198820 Not Applicable 6. \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) and/or Directors City / State / Zip MARTINSON, CHRISTOPHER S 325 ANGELO LANE **COCOA BEACH FL** T MARTINSON, CHRISTOPHER S **COCOA BEACH FL** 325 ANGELO LANE S MARTINSON, CHRISTOPHER S 325 ANGELO LANE COCOA BEACH FL 200002299822 -09/22/97--01119--012 ****365.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent MARTINSON, CHRISTOPHER S 325 ANGELO LN COCOA BEACH FL 32931 State Zip Code METOURNE accept the obligations of Section 607.0505, F.S. 10.•I, being appointed the registered agent Signature of Registered Agent _ 11. Does this corporation pay any intangible tax to the (See other side for information on Intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes.

12. 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 filling 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 259-4032



The Melbourne Company

September 8, 1997

Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, Fl. 32314-6327 Attn: Stacey Prather, Examiner

Dear Stacey Prather:

Recently, I spoke with you in regards to the reinstatement of my corporation. At that time you determined that there had been an error in calculating my bill. As per your request, I am enclosing my reinstatement form with the voided check that I sent previously, a copy of the letter that I sent to Ms. Sellers, the letter returning my first reinstatement form, and a check in the amount of \$365.00 that you determined was the actual amount owed. I hope this is sufficient to settle this matter for the current year and get me back on track.

Sincerely,

Christopher S. Martinson



MGG The Melbourne Garden Company*

July 23,1997

Division of Corporations Annual Report/ Reinstatement Section PO Box 6327 Tallahassee, Fl. 32314-6327 Attn.: Leslie Sellers, Examiner

Dear Ms. Sellers

Thank you so much for your guidance in relation to the Application for Reinstatement of Martinson Enterprises, Inc. Hopefully, the following explanation of the matter will suffice.

The new address of the business, 1880 Tyler Ave., was not transmitted successfully. Simply stated, the route of Tallahassee, Cocoa Beach, Melbourne resulted in a lost or misplaced document.