PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 NOV 19 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000061668

REINSTATEMENT 01-07

900024852349
11/13/03--01029--007 **1050.00

1. Corporation Name

Martin Builder Supply & Hardware, Inc.

2. Principal Office Address		3. Mailing Office Address	
8818 St. Andrews Drive		P.O. Box 805	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miramar Beach, FL		Fort Payne, AL	
Zip	Country	Zip	Country
32550	USA	35967	USA

4. Date Incorporated or Qualified To Do Business In Florida: 8/30/93

5. FEI Number: 59-3174526 — 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: Frank A. Martin

Street Address (P.O. Box Number Is Not Acceptable): 8818 St. Andrews Drive

Suite, Apt. #, Etc.:

City	State	Zip Code
Miramar Beach	FL	32550

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: F A Martin — Date: 11-12-03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P	Frank A. Martin	P.O. Box 805	Fort Payne, AL 35967
S/T	Kathy M. Martin	346 Perks Road	Franklin, NC 28734

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: F A Martin — 11-12-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #