

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG 28 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000052304
1. Corporation Name Martin Enterprises of South Florida
INC.

100022796011
09/05/03--01004--005 **900.00

2. Principal Office Address
2538 Lee Street
Suite, Apt. #, etc.
City & State
Hollywood, Florida
Zip
33020 Country
USA

3. Mailing Office Address
same
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified
To Do Business in Florida
5. FEI Number
65-050-4531 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
Jonathan D. Anderson
Street Address (P.O. Box Number is Not Acceptable)
2538 Lee Street
Suite, Apt. #, Etc.
City
Hollywood, FL 33020 State
FL Zip Code

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

REGISTERED AGENT MUST SIGN

Date 8-27-03

9. Name 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
Pres	Jonathan D. Anderson	2538 Lee Street	Hollywood, FL 33020
Sec.	Jonathan D. Anderson	2538 Lee Street	Hollywood, FL 33020
Treas.	Jonathan D. Anderson	2538 Lee Street	Hollywood, FL 33020
Dir	Jonathan D. Anderson	2538 Lee Street	Hollywood, FL 33020

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-03
Date

Daytime Phone #

CR2ED01 (10/02)

MAD
a/b