PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P940000 75365 (4)

FILED
97 DEC -4 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Martel Incorporated

Principal Place of Business | Mailing Address

458 North Tamiami Trail
Osprey, FL 34229

If above addresses are incorrect in any way, line through incorrect information and enter correct information below.

REINSTATEMENT 96-97

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip | County

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip | County

4. Date first organized or qualified to do business in Florida: 10/13/94

5. FEI Number: 65-0533741

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City - State - Zip 4
President Director	James Martin	6740 Taeda Drive	Sarasota, FL 34241

100002359881---3
-12/11/97--01095--013
****915.00 ****915.00

8. Name and Address of Current Registered Agent

James Martin
6740 Taeda Drive
Sarasota, FL 34241

9. Name and Address of New Registered Agent

Name: James Martin

Street Address (P.O. Box Number is Not Acceptable): 6740 Taeda Drive

Suite, Apt. #, Etc.

City: Sarasota | State: FL | Zip Code: 34241

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent (X) James Martin — REGISTERED AGENT MUST SIGN — Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

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 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 (X) James Martin — JAMES MARTIN — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/26/97 — Daytime Phone #: 941-966-2113