

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000028068**

1. Corporation Name

MARTINS-SOMRAK CORP.

Principal Place of Business

1460 LEE BLVD.
LEHIGH ACRES FL 33936

Mailing Address

PO-BOX-807
LEHIGH ACRES FL 33970

1460 LEE BLVD
LEHIGH, FL 33936

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

1460 LEE BLVD
LEHIGH, FL
33936

Country LEE

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/1995

5. FEI Number

59-3315827

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	2	Name of Officers and/or Directors	3 (Do NOT Use Post Office Box Numbers)	Street Address of Each Officer and/or Director	4	City / State / Zip
D	SOMRAK, JAMES A			1520 AMBERLY DRIVE, SUITE 1211		TAMPA FL 33647
D	MARTINS, BERNARD S			7703 WEST CRENSHAW ST.		TAMPA FL 33615
					600002873776--4 -12/16/97-01096--007 ***758.75 ***758.75	
						<i>JP P.B.M.</i>

8. Name and Address of Current Registered Agent

SOMRAK, JAMES A
1520 AMBERLY DRIVE, SUITE 1211
TAMPA FL 33647

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, Etc.

City

State **FL** Zip Code

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.

RE REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #