


PS 10/2

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 NOV -7 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000042083

1. Entity Name
MARTY MC CORMICK & ASSOCIATES INC.




Principal Place of Business Mailing Address
3775 40TH LANE SOUTH #B **3775 40TH LANE SOUTH #B**
ST. PETERSBURG, FL 33711 **ST. PETERSBURG, FL 33711**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



10102005 REIN-P CR2E098 (6/04)

4. FEI Number
59-3324999 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MC CORMICK, DIANNE L
3775 40TH LANE SOUTH #B
ST. PETERSBURG, FL 33711

7. Name and Address of New Registered Agent

Name

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

~~200061291572~~
~~11/09/05--01034--003 **158.75~~

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Dianne McCormick Pres* DATE: *10-17-05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	MC CORMICK, DIANNE L.V
STREET ADDRESS	3775 40TH LANE SOUTH #B
CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	V <input type="checkbox"/> Delete
NAME	MC CORMICK, MARTY
STREET ADDRESS	3775 40TH LANE SOUTH #B
CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T. Roberts
STREET ADDRESS	
CITY-ST-ZIP	NOV 07 2005
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT 05

T. Roberts NOV 07 2005

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dianne McCormick Pres* DATE: *10-17-05* 727 864-1406

Signature and typed or printed name of signing officer or director Date Daytime Phone #

DIANNE L MCCORMICK

PS 202

November 4, 2005

To Whom It May Concern,

I hereby request to be reinstated. We did not receive a form notifying us of the fee due.

We have not or do not wish to dissolve our corporation and would appreciate your help in reinstatement.

Thank you!

A handwritten signature in cursive script, appearing to read "Dianne McCormick".

Dianne McCormick, President