

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

FILED

98 JAN 26 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000093111

1. Corporation Name

JAN MARTENS, INC.

Principal Place of Business  
600 CORPORATE DRIVE  
SUITE 512  
FORT LAUDERDALE FL 33334

Mailing Address  
600 CORPORATE DRIVE  
SUITE 512  
FORT LAUDERDALE FL 33334

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/07/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

APPLIED FOR  
65-0689485

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MARTENS, JAN	600 CORPORATE DRIVE, SUITE 512	FORT LAUDERDALE FL 33334
			000002416400--6 -01/29/98--01099--002 ****315.00 ****315.00

8. Name and Address of Current Registered Agent

PALMIERI, THOMAS J  
1428 BRICKELL AVE. - 65TH FIR.  
14TH FLOOR  
MIAMI FL 33131

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.

Signature of  
Registered Agent

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan Martens, Pres.

Date

Daytime Phone #

1/20/98 561/825-0924

202

**Jan Martens, Inc.  
600 Corporate Drive, Suite 512  
Fort Lauderdale, FL 33334**

**January 21, 1998**

**Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**Attention: Reinstatement Department**

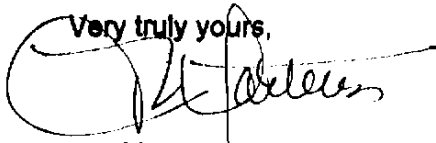
**Dear Sirs:**

Enclosed please find the application for reinstatement form along with my check in the amount of \$315.00, for 1997 filing of \$165.00, as well as 1998 filing of \$150.00.

I do not wish to dissolve the corporation. Special circumstances arose last year prohibiting me to file in a timely manner. A family member in Michigan needed care due to cancer. I was not in Florida much of the time the latter part of 1997, therefore did not receive the application on time from my office.

I would appreciate your consideration for reinstatement at this time.

Very truly yours,



**Jan Martens  
President**

**JM/eg  
Enclosure**