

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR

~~REINSTATEMENT~~



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

DOCUMENT # **P96000038749**

1. Corporation Name

MARTIN RUSSELL, INC.

97 DEC 26 11:10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**608 ASHE STREET
KEY WEST FL 33040**

Mailing Address

**608 ASHE STREET
KEY WEST FL 33040**

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

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1996

5. FEI Number

65-0661019

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)

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	RUSSELL, MARTIN	608 ASHE STREET	KEY WEST FL 33040

600002384426--3
-12/29/97--01071--011
******165.00 ****165.00**

8. Name and Address of Current Registered Agent

**RUSSELL, MARTIN
608 ASHE STREET
KEY WEST FL 33040**

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

X M Russell
THE REGISTERED AGENT MUST SIGN

Date

AD

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:

X M. Russell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E040 (8/97)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 3, 1997

MARTIN RUSSELL, INC.
608 ASHE STREET
KEY WEST, FL 33040

SUBJECT: MARTIN RUSSELL, INC.
Ref. Number: P96000038749

We have received your document for MARTIN RUSSELL, INC. and check(s) totaling \$165.00. However, your check(s) and document are being returned for the following:

The only provision we have for waiving the late fee or reinstatement fee is if the corporation did not receive the annual report, and provides us with a written statement to that effect. Otherwise, the fee to reinstate is \$750.00.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Sean Toner
Senior Section Administrator

Letter Number: 597A00057193

12-22-97

Florida Dept. of State.

*On behalf of Martin Russell, Inc.
The annual report was never received.
Please accept this check for \$165.00 to
reinstate the corporation.*

*Thank You
Kyla Russell V.P.*