

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **Pa7000045517**

1. Corporation Name

THE ELLIS WAYNE MARTIN CORP.
(E.W.M.CORP.)

Principal Place of Business

Mailing Address

1340 IVAN BLVD.
LABELLE FL.
33935

1203 W.MADISON AVE.
IMMOKALEE FL.
34142

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34142

COLLIER

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida
05/22/97

5. FEI Number

65:0755760

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

00 MAR -2 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****908.75 ****908.75

99-00

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
PRES.	ELLIS WAYNE MARTIN	1203 W. MADISON AVE. IMMOKALEE FL.	34142-2233
VICE PRES.	JAMES EARL MARTIN	1300 N.E. 201 TERR. NO. MIAMI BCH. FL.	33179
SECT. TRES.	ELLIS MARTIN	SAME AS ABOVE	
C.O.	H. L. BENNETT	241 YEOMANS AVE. LABELLE FL.	33935 LS
C.O.	JACK BREIDEN	3101 TERRACE AVE.	NAPLES FL. 33942
C.O.	ROGER McKEE	YAVON RD.	MOORE HAVEN FL. 33471

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELLIS MARTIN
1203 W MADISON AVE
IMMOKALEE FL.
34142

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

ELLIS MARTIN
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes 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

Date

Daytime Phone #

(941) 657-4554