

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PA 1982

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

2000UB12

FILED

00 OCT 27 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000076016**

1. Corporation Name

**MARTIN MARKETING, INC.**

Principal Place of Business

4825 140 AVE N. STE H  
CLEARWATER FL 34622

33762

Mailing Address

4825 140 AVE N. STE H  
CLEARWATER FL 34622

33762



SP

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

08/29/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3468679

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MARTIN, JEFF	4825 140TH AVE N	CLEARWATER FL 34622
			8888883469478--8 -11/20/00--01011--001 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

BYRNE, JAMES A  
540 4TH ST N  
ST PETERSBURG FL 33701

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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

*Jeff Martin*

10/22/2000

Date

Daytime Phone #

727-532-4000

CR2E040 (800)

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**Martin Marketing Inc.**  
**4825 140th Ave. N. Clearwater, Florida 33762**  
**Off # 727-532-4000 Fax # 727-532-3000**  
**E-Mail: jmx4fl@yahoo.com**

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10/24/00

To: Dept of State  
Katherine Harris

From: Jeff Martin

Re: Martin Marketing Incorporation Filing

I am enclosing the only notice I have received this year regarding the annual filing for my corporation. Possibly due to the Zip codes changes, the notice could still be at the post office. I have enclosed the \$ 150.00 fee, and ask that since I have filed all of the other necessary papers, that you maintain a current active status for my company.

Thank you

