

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000083500

1. Corporation Name

MARTINO PRICE & ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

2901 WEST BUSCH BLVD  
SUITE 610  
TAMPA FL 33618

2901 WEST BUSCH BLVD  
SUITE 610  
TAMPA FL 33618

3421 W. St Conrad Suite 103  
Tampa, FL 33607

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

3421 W. St Conrad  
Suite, Apt. #, etc.  
103

3421 W. St. Conrad  
Suite, Apt. #, etc.  
103

City & State  
Tampa FL

City & State  
Tampa FL

Zip  
33607

Zip  
33607

Country

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

09/26/1997

5. FEI Number

593470334

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)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers)<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| PST           | MARTINO PRICE, ANN                        | 2901 WEST BUSCH BLVD, STE 610  | TAMPA FL 33618          |
| PST           | Martino Price, Ann                        | 3421 W. St. Conrad<br>Suite 103  | Tampa FL 33607          |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

100002713701-6  
-12/15/98--01097--024  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name Ann Martino Price  
Street Address (P.O. Box Number is Not Acceptable)  
3421 W. St. Conrad Suite 103  
Suite, Apt. #, Etc. Suite 103  
City Tampa State FL Zip Code 33607

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 Ann Martino Price  
REGISTERED AGENT MUST SIGN

Date 12/8/98

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: Ann Martino Price  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/8/98 Daytime Phone # 813 9980305

CR2E040 (9/98)