

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED\*  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 17 AM 10:44

**DOCUMENT # S73510**

1. Corporation Name

Somerset & Martin, P.A.

2. Principal Office Address - No P.O. Box #

11317 NW 199 Avenue

Suite, Apt. #, etc.

City & State

Alachua, FL

Zip

31615

Country

Alachua

3. Mailing Office Address

P.O. Box 69

Suite, Apt. #, etc.

City & State

Alachua, FL

Zip

32616

Country

Alachua

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5/15/1991

5. FEI Number

65-0297319

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

John R. Baker

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

1411 NW 6 Street

Suite, Apt. #, Etc.

Suite 110

City

Gainesville

State

FL

Zip Code

32601

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 4-13-08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Mark S. Gold	11317 NW 199 Avenue	Alachua, FL 32615
		B 4/18/08	
		REINSTATEMENT 96-08	
		300123935983	
		04/17/08--01049--026 **1950.00	

10. 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 contained in Chapter 119, 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

4/5/08

Daytime Phone #