

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 17 AM 11:37

SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

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12/18/02--01045--001 \*\*750.00

DOCUMENT # F04575

1. Corporation Name  
MARTIN & GLASER, CHARTERED

2. Principal Office Address 2014 FOURTH ST Suite, Apt. #, etc. N/A City & State SARASOTA FL Zip 34237		Country USA		3. Mailing Office Address 2014 FOURTH ST Suite, Apt. #, etc. N/A City & State SARASOTA FL Zip 34237		Country USA	
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**REINSTATEMENT 2002**

4. Date Incorporated or Qualified To Do Business in Florida	11/06/80
5. FEI Number	592039064
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: WHITNEY C. GLASER

Street Address (P.O. Box Number is Not Acceptable): 2014 FOURTH STREET

Suite, Apt. #, Etc.: N/A

City: SARASOTA

State: FL Zip Code: 34237

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: *Whitney C. Glaser* REGISTERED AGENT MUST SIGN

Date: 12-11-02

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
DP	PETER W. MARTIN	2014 FOURTH ST.	SARASOTA, FL 34237
DS	WHITNEY/C. GLASER	2014 FOURTH ST.	SARASOTA, FL 34237

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 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]* 12/11/02 941.365.4072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)