

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 # ~~431076~~ 431076

1. Corporation Name
Martin Brothers Enterprises, Inc.

Principal Place of Business Mailing Address
P.O. BOX 650632
Miami, FL 33265

REINSTATEMENT 96-99

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 Address, if Applicable

Suite, Apt. #, etc. City & State Zip Country

DO NOT WRITE IN THIS SPACE
4. Date Incorporated or Qualified To Do Business in Florida 7-23-73

5. FEI Number 59-1545349
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Fide R Martin	255 Athambra Circle Suite 380	CORAL GABLES, FL 33134
VP	Paulino F. Martin	255 Athambra Circle Suite 380	CORAL GABLES, FL 33134

100002842361--3
-04/16/99--01081--001
***900.00 ***900.00

B. Name and Address of Current Registered Agent

LAZARO J. LOPEZ, ESQ.
255 Athambra Circle, St. 380
Coral Gables, FL 33134

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]
REGISTERED AGENT MUST SIGN

Date 4/13/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] - PAULINO F. MARTIN VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/13/99 (305) 552-5502
Daytime Phone #

CPD 040 (12/95)