

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 21 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD3000051069
1. Corporation Name **MARTELLI CONSULTING INC.**

2. Principal Office Address 1207 Pizarro Street		3. Mailing Office Address 1207 Pizarro Street	
Suite, Apt. #, etc. NONE		Suite, Apt. #, etc. NONE	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip	Country USA	Zip	Country USA

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida **05-08-2003**

5. FEI Number **83-0356248**

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 **Kenia Souto**

Street Address (P.O. Box Number is Not Acceptable)
1207 Pizarro Street

Suite, Apt. #, Etc.
NONE

City **Coral Gables** State **FL** Zip Code **33145**

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 *Kenia Souto* Date **10-19-2005**

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
PD	MARTA LOPEZ	9240 S.W. 72 Street #205	MIAMI, FL 33173
VP	Kenia Souto	1207 Pizarro Street	Coral Gables FL 33145

100061870161
12/02/05--01052--007 **\$300.00

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 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: *Marta Lopez* Date **10/19/05** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 21 2005