


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000009637</b> 1. Entity Name <b>MARTIN &amp; BARRETO, INC.</b>	
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FILED

08 APR -1 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>5336 SANDERS RD JACKSONVILLE, FL 32277</b>	Mailing Address <b>5336 SANDERS RD JACKSONVILLE, FL 32277</b>
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2. Principal Place of Business - No P.O. Box # <b>7171 SW 24 ST</b>	3. Mailing Address <b>7171 SW 24 ST</b>
Suite, Apt. #, etc. <b>317</b>	Suite, Apt. #, etc. <b>317</b>

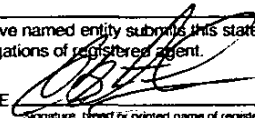
03282008 REIN-P CR2E098 (1/07)

City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33155</b>	Zip <b>33155</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>80-0165764</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>MARTIN, JUAN F 5336 SANDERS RD JACKSONVILLE, FL 32277</b>	7. Name and Address of New Registered Agent Name <b>BARRETO, ENRIQUE</b> Street Address (P.O. Box Number is Not Acceptable) <b>7171 SW 24 ST SUITE 317</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33155</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **03/28/08**

(NOTE: Registered Agent signature required when reinstating)

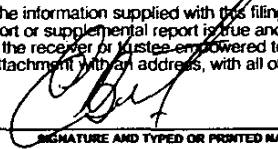
<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS																
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																
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REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **03/28/08**

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