

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 SEP 22 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

DOCUMENT # 392949  
1. Corporation Name

MARTINEZ BROTHERS ENTERPRISES CORP.

2. Principal Office Address

36 N.E. 52nd Terrace  
Suite, Apt. #, etc.

City & State

Miami FL

Zip

Country

USA

3. Mailing Office Address

c/o Marcia B. Caballero  
9192 Coral Way  
Suite, Apt. #, etc.

201

City & State

Miami FL 33175

Zip

Country

33175

USA

500023234885

09/22/03--01042--006 \*\*150.00

04/21/02 90848 032 \$150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/71

5. FEI Number

591810336

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

Marcia B. Caballero, Esq.

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

9192 Coral Way

Suite, Apt. #, Etc.

Suite 201

City

Miami

State

FL

Zip Code

33175

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

REGISTERED AGENT MUST SIGN

Date

9/11/03

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
PTD	Rene Martinez	36 N.E. 52nd Terrace	Miami, FL
VS	Elisa Martinez	36 N.E. 52nd Terrace	Miami, FL

*9/11/03*

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:

President

9/11/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

## LORENZO CAPUA CABALLERO

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

ATTORNEYS AT LAW

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MIAMI, FLORIDA 33130  
TEL.: (305) 374-6518

September 18, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Martinez Brothers Enterprises Corp.

Dear Sir or Madam:

Enclosed please find the reinstatement form for the above-referenced corporation. The entity filed its' corporate annual return for the year 2002 and mailed their check number 551 payable to the Florida Department of State in the sum of \$150.00 in April, 2002. I am enclosing a copy of the cancelled check for your convenience. Said check was paid on April 25, 2002.

Mr. Martinez filed the annual report for 2003 and send it in with a check in the sum of \$150.00. Said check was never returned to him nor did he receive any notice that the corporation had been dissolved.

The undersigned is the registered agent of the corporation. I moved from offices in 2002 and never received any notice of dissolution for this entity.

For the above-referenced reasons, we are hereby requesting that the corporation be reinstated, that the State of Florida accept their check in the sum of \$150.00 and that the reinstatement fee be waived. Please do not hesitate to contact our office should you need any further information. Thank you for your attention to this matter.

Sincerely,

  
Marcia B. Caballero