

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 # F87129

1. Corporation Name

L. MARTINEZ ASSOCIATES, INC.

Principal Place of Business

C/O RONALD S LIEBERMAN  
2216 CORAL WAY  
MIAMI FL 33145

Mailing Address

C/O RONALD S LIEBERMAN  
2216 CORAL WAY  
MIAMI FL 33145

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 Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/24/1982

5. FEI Number

59-2167950

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
PD	MARTINEZ, LILLIAN B	2216 CORAL WAY	MIAMI FL
STD	MARTINEZ, JEANETTE M	2216 CORAL WAY	MIAMI FL
VP	ALPERS, ANDREW J.	2216 CORAL WAY	MIAMI FL
			600002391776-2 -01/06/98-01106-008 ****758.00 ****758.00

8. Name and Address of Current Registered Agent

LIEBERMAN, RONALD S  
9358 S. DIXIE HWY  
PENTHOUSE II  
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name

LILLIAN MARTINEZ

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

2216 CORAL WAY

Suite, Apt. #, Etc.

MIAMI

City

State

FL

Zip Code

3314

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

*Lillian Martinez*

REGISTERED AGENT MUST SIGN

Date

12-30-97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Lillian Martinez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-97  
Date

305  
854 1544  
Daytime Phone #

FILED

98 JAN -2 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2040 (8/97)