PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT -3 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***1058.75 ***1058.75

DOCUMENT # M53873

1. Corporation Name Martin Airways, Inc

REINSTATEMENT 00-02

2. Principal Office Address	**3.** Mailing Office Address
7200 NW 19 St #308	7200 NW 19 st #308
Suite, Apt. #, etc. # 308	Suite, Apt. #, etc. # 308
City & State Miami FL	City & State Miami FL
Zip 33126 Country	Zip 33126 Country

4. Date Incorporated or Qualified To Do Business in Florida 6/15/1987

5. FEI Number 59 2815008 ☐ 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 JOAQUIN RICARDO MARTINEZ

Street Address (P.O. Box Number is Not Acceptable) 7200 NW 19 ST

Suite, Apt. #, Etc. #308

City Miami State FL Zip Code 33126

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 _____ Date 10/1/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P	JOAQUIN RICARDO MARTINEZ	7200 NW 19 ST #308	Miami, FL 33126

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: _____ 10/1/02 (305) 599 2565

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