

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000072525

1. Corporation Name

MARTIN ENTERPRISES USA, INC.

2. Principal Office Address

14784 VIA TIVOLI COURT

Suite, Apt. #, etc.

3. Mailing Office Address

14784 VIA TIVOLI COURT

Suite, Apt. #, etc.

City & State

DAVIE FLORIDA

City & State

DAVIE. FLORIDA

Zip

33325

Country

U.S.A.

Zip

33325

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/01

5. FEI Number

60 0002318

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

TIMOTHY MARTIN

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

14784 VIA TIVOLI COURT

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33325

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

Tim Martin

Date 12 APRIL 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
<u>P</u>	<u>TIMOTHY MARTIN</u>	<u>14784 VIA TIVOLI COURT</u> <u>DAVIE. FL. 33325</u>	<u>DAVIE. FL. 33325</u>
<u>V.P</u>	<u>JULIE E MARTIN</u>	<u>14784 VIA TIVOLI CT</u>	<u>DAVIE. FL. 33325</u>

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:

Julie E. Martin

JULIE. E. MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. APR. 05 954-577-3214

Date

Daytime Phone #

FILED
05 APR 15 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

CR2E081 (01/05)