

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB -9 PH 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000041608

**1. Corporation Name**

Martininc Corp.

REINSTATEMENT 03-04

**2. Principal Office Address**

6630 SW 2 ST

Suite, Apt. #, etc.

City & State

Miami Fla

Zip

33144

Country

USA

**3. Mailing Office Address**

6630 SW 2 ST

Suite, Apt. #, etc.

City & State

Miami Fla

Zip

33144

Country

USA

000028412600

02/09/04--01049--027 \*\*308.95

**4. Date Incorporated or Qualified**

To Do Business in Florida April 17, 2002

**5. FEI Number**

45-0474399

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

Norma Diaz

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

9955 SW 196 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

**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

*Norma Diaz*

REGISTERED AGENT MUST SIGN

Date 1-08-04

**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	Norma Diaz	9955 SW 196 St	Miami, FL 33157

**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:

*Norma Diaz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-08-04 (205) 297-0214

Daytime Phone #

CR25081 (01/04)

**02/05/04**

**To whom it may concern,**

**I did not recievean annual report for my corporation (Martininc, Corp) for 2003. My corporation was not used in 2003 but I will be using it heavily this year. I am enclusing \$150 for last year and \$150 for this year plus \$8.75 for a certificate of status.**

**If there are any questions please call me at 305-251-2953.**

**Thank you  
Norma Diaz**