2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000096514 1. Entity Name				FILED	
	NE MARTIN, INC.			05 JUN 24 AN	10: 52
p.		G 41 182	1	TATE	
Principal Place of Business		Mailing Address		SECRETARITARI TALLAHASSIT, FÉ	nan. nana
250 SE 236	D AVENUE Each, Fl 33435-7596	250 SE 23RD AVENUE BOYNTON BEACH, FL 33435-7596		TALLAMAGERATE	Alleita
DOTIVION D	LAVII, I C 33433-7330	BOTHTON BEACH, FE	33430-7390		FIG. 01191 B1191 1184 B1818R1 (1)R61
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06062005 REIN-P C	D0E000 (0/04)
City & State		City & State			R2E098 (6/04)
City & State		City & State		4. FEI Number 01-0743628	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registe	<u> </u>
KERN, KEITH D ESQ					
50 SE 4TH STREET				Street Address (P.O. Box Number is Not Acceptable)	
DELRAY BEACH, FL 33483					
			City		FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
the obligations of registered agent.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$900.00					
	055,0500				
10. TITLE	OFFICERS AND	DELETORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS	
NAME	CASTANEDA, JOSE F MD	Details	NAME	10005647 06/23/05010450	'7051
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	06/23/05==01045==(JU3 **3U8.75
TITLE	BOYNTON BEACH, FL 334357	Delete	CITY-ST-ZIP		☐ Change ☐ Addition
NAME	DINNERSTEIN, ALLAN MD	Ocacie	NAME		☐ citeside ☐ vocition
STREET ADDRESS	250 SE 23RD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 334357		CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS			STREET ADDRESS	-	• · · · · · · · · · · · · · · · · · · ·
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TITLE NAME		☐ Detete	TITLE NAME		Change Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-\$T-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 502 letail 6-15-05 561-737-2085					
	SIGNATURE AND TYPED OF	DDINTED NAME OF SIGNING OFFICE	an horaras	7.10.7	