


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PD3000051069</u>					
1. Corporation Name <u>MARTELLI CONSULTING INC.</u>					
2. Principal Office Address <u>1207 Pizarro Street</u>			3. Mailing Office Address <u>1207 Pizarro Street</u>		
Suite, Apt. #, etc. <u>NONE</u>			Suite, Apt. #, etc. <u>NONE</u>		
City & State <u>Coral Gables, FL</u>			City & State <u>Coral Gables, FL</u>		
Zip	Country	Zip	Country		
	<u>USA</u>		<u>USA</u>		

FILED
05 NOV 21 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida <u>05-08-2003</u>	
5. FEI Number <u>83-0356248</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <u>Kenia Souto</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>1207 Pizarro Street</u>		
Suite, Apt. #, Etc. <u>NONE</u>		
City <u>Coral Gables</u>	State <u>FL</u>	Zip Code <u>33145</u>

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

Kenia Souto

REGISTERED AGENT MUST SIGN

Date 10-19-2005

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
PD	<u>MARTA LOPEZ</u>	<u>9240 S.W. 72 Street #205</u>	<u>MIAMI, FL 33173</u>
VP	<u>Kenia Souto</u>	<u>1207 Pizarro Street</u>	<u>Coral Gables FL 33145</u>

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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:

Marta Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/05

Date

Daytime Phone #