

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000076129

1. Entity Name
MARTINES EXPRESS, INC.



FILED

05 JUN -9 PM 2:40

Principal Place of Business
3915 PALM BEACH BLVD.
FT. MYERS, FL 33916

Mailing Address
3915 PALM BEACH BLVD.
FT. MYERS, FL 33916

SECRET
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05
05242005 REIN-P CB2E098(6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

32-0084647

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 Registered Agent

SKERRETT, RICARDO
328 CAPE CORAL PKWY. W
2
CAPE CORAL, FL 33914

Name
Elias Salvador

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

27666 Dortch Ave

City
Bonita Springs

FL

Zip Code

34135

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 Elias Salvador

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-24-05

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SALVADOR, ELIAS
27666 DORTCH AVE.
BONITA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GASPAR, SEBASTIAN M
CENTRO SAN PEDRO SOLOMA
GUATEMALA, CA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700055376457
06/14/05--01061--001 ***150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700055376457
05/26/05--01056--005 ***750.00

TITLE
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CITY-ST-ZIP
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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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: Elias Salvador

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24-05

Date

Daytime Phone #