2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000100879

FILED Oct 18, 2005 Secretary of State

Entity Name: MARTINEZ / ANDERSON	I COALITION, INC.	
Current Principal Place of Business:	New Principal Place o	f Business:
6135 NW 167TH STREET MIAMI, FL 33015		
Current Mailing Address:	New Mailing Address:	:
3315 NW 81ST STREET MIAMI, FL 33147		
FEI Number: 20-1365905 FEI Number App	olied For () FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:		
ANDERSON, ALVIN 6135 NW 167TH STREET MIAMI, FL 33015 US	ANDERSON, ALVIN 3315 NW 81TERR MIAMI, FL 33147 US	3
The above named entity submits this state in the State of Florida.	ement for the purpose of changing its registered	office or registered agent, or both,
SIGNATURE: ALVIN ANDERSON		10/18/2005
Electronic Signature of F	Registered Agent	Date
In accordance with s. 607.193(2)(b), F.S., the co Election Campaign Financing Trust Fund Contr		
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES	S TO OFFICERS AND DIRECTORS:
Title: D () Delete Name: ANDERSON, MAE Address: 3315 NW 81ST TERR City-St-Zip: MIAMI, FL 33147	Title: (Name: Address: City-St-Zip:) Change ()Addition
Title: D () Delete Name: MARTINEZ, MARCELLY Address: 8232 NW 201ST STREET City-St-Zip: MIAMI, FL 33015	Title: (Name: Address: City-St-Zip:) Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCELLY MARTINEZ D 10/18/2005