


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000009637 1. Entity Name MARTIN & BARRETO, INC.	
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FILED

08 APR -1 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 5336 SANDERS RD JACKSONVILLE, FL 32277	Mailing Address 5336 SANDERS RD JACKSONVILLE, FL 32277
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2. Principal Place of Business - No P.O. Box # 7171 SW 24 ST	3. Mailing Address 7171 SW 24 ST
Suite, Apt. #, etc. 317	Suite, Apt. #, etc. 317

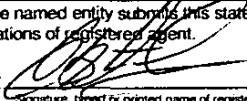
03282008 REIN-P CR2E098 (1/07)

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33155	Zip 33155
Country US	Country US

4. FEI Number 80-0165764	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent MARTIN, JUAN F 5336 SANDERS RD JACKSONVILLE, FL 32277	7. Name and Address of New Registered Agent Name BARRETO, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 7171 SW 24 ST SUITE 317 City MIAMI FL Zip Code 33155
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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:  DATE: **03/28/08**

(NOTE: Registered Agent signature required when reinstating)

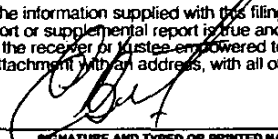
FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> Delete MARTIN, JUAN 5336 SANDERS RD JACKSONVILLE, FL 32277
TITLE	<input type="checkbox"/> Delete VP BARRETO, ENRIQUE 1901 SW 67TH AVENUE, APT. 206 MIAMI, FL 33155
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P BARRETO, ENRIQUE 7171 SW 24 ST SUITE 317 MIAMI, FL 33155
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP ORZCO, NESTOR 9500 SW 140 CT MIAMI, FL 33186
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: **03/28/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #