

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000020385</b> 1. Entity Name <b>MARTI BUESO ENTERPRISES, INC.</b>						<b>FILED</b> <b>07 MAY 11 AM 9:05</b> STATE OF FLORIDA 07-12-06 90007 041 \$150.00  <b>REINSTATEMENT</b> 04272007 REIN-1 0428098 (1/07) 06-07	
Principal Place of Business <b>10555 SW 103RD STREET</b> <b>MIAMI, FL 33176</b>				Mailing Address <b>10555 SW 103RD STREET</b> <b>MIAMI, FL 33176</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>04-3804369</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>BUESO, MARTHA R.</b> <b>10555 SW 103RD STREET</b> <b>MIAMI, FL 33176</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MARTHA "MARTI" BUESO</b> <input type="checkbox"/> Delete <b>10555 SW 103 ST.</b> <b>MIAMI-FL 33176</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Pres</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>400103287694</b> <b>05/25/07--01024--002 **150.00</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Robert E. Bueso</b> <input type="checkbox"/> Delete <b>10555 SW 103 ST.</b> <b>MIAMI-FL 33176</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 information empowered.							
<b>SIGNATURE: <u>Marta R. Bueso</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>4/27/07</b> <small>Date</small>			

Marti Bueso Enterprises, Inc.  
10555 SW 103 Street  
Miami, Florida 33176

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Document No.: P05000020385**  
**EIN No.: 04-3804369**

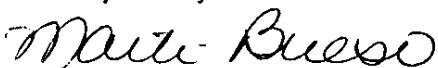
Gentlemen:

Please find attached a Reinstatement Form I completed with the assistance from one of your Reinstatement Officers I contacted over the phone. After reviewing my business record, he asked that I write the following letter for your information:

I submitted an Annual Report Form for 2006 along with a check for \$150.00 on April 30, 2006. The \$150.00 is already on fiscal record. Apparently, there was an error in the completion of the 2006 form sent and your office returned the form for correction on July 13, 2006, however, I never received this form requesting a correction be made. (Apparently the EIN No. had inadvertently been left out). The check was cashed on July 14<sup>th</sup> and cleared my bank. I was under the impression all was filed correctly, until I attempted to file the 2007 Annual Report Form.

Since the \$150.00 is already on fiscal record for 2006, I am requesting a reinstatement for 2006 without penalties and am also submitting an additional check for \$150.00 to cover the 2007 Annual Report fee.

Thank you for your attention.



Marti Bueso  
Marti Bueso Enterprises, Inc.