

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000053049

Entity Name: MARTRI ENTERPRISE, INC.

FILED  
Feb 27, 2007  
Secretary of State

## Current Principal Place of Business:

1729 COVE LAKE RD  
NORTH LAUDERDALE, FL 33068

## New Principal Place of Business:

1729 COVE LAKE RD  
NORTH LAUDERDALE, FL 33068 US

## Current Mailing Address:

1729 COVE LAKE RD  
NORTH LAUDERDALE, FL 33068

## New Mailing Address:

1729 COVE LAKE RD  
NORTH LAUDERDALE, FL 33068 US

FEI Number: 20-2671080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MM ENTERPRISES  
532 SW CHERRY HILL RD  
PORT SAINT LUCIE, FL 34953 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: MM ENTERPRISES

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BANKS, MARGRADY  
Address: 1729 COVE LAKE RD  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VP ( ) Delete  
Name: BANKS, MARGRADY  
Address: 1729 COVE LAKE RD  
City-St-Zip: NORTH LAUDERDALE, FL 33068

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: BANKS, MARGRADY  
Address: 1729 COVE LAKE RD  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARGRADY

P

02/27/2007

Electronic Signature of Signing Officer or Director

Date