

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000113073

1. Entity Name  
CARLOS MARTINEZ FINANCIAL SERVICES PA



FILED

08 JAN 16 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2800 KERRY DRIVE  
COOPER CITY, FL 33026

Mailing Address  
2800 KERRY DRIVE  
COOPER CITY, FL 33026

2. Principal Place of Business - No P.O. Box #  
15389 S. Dixie Highway

3. Mailing Address  
15389 S. Dixie Highway

Suite, Apt. #, etc.  
Suite 25

Suite, Apt. #, etc.  
Suite 25

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip  
33157

Country

Zip  
33157

Country



4. FEI Number  
22-3970442

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL 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. SPIEGEL & UTRERA, P.A.

SIGNATURE By: *Natalia Utrera*  
Natalia Utrera, Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-09

FILE NOW!!! FEE IS \$300.00

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
MARTINEZ, CARLOS A  
2800 KERRY DRIVE  
COOPER CITY, FL 33026 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
15389 S. Dixie Highway, Suite 25  
Miami, Florida 33157

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
600141000896  
01/16/09--01038--008 \*\*300.00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE *Carlos A. Martinez* Carlos A. Martinez, President

1-7-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #