PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 21 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000004942

1. Corporation Name

ANDY MARTINEZ, C.P.A.
A PROFESSIONAL ASSOCIATION

REINSTATEMENT 02-03

2. Principal Office Address		**3.** Mailing Office Address	
9415 S.W. 72nd St.		9415 S.W. 72nd St.	
Suite, Apt. #, etc. 123		Suite, Apt. #, etc. 123	
City & State Miami, Fl		City & State Miami, Fl	
Zip 33173	Country USA	Zip 33173	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/13/92

5. FEI Number 65-0373039 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ANDY MARTINEZ

Street Address (P.O. Box Number is Not Acceptable): 7820 Camino Real

600010396396
01/21/03--01079--029 **~~$60.00~~

Suite, Apt. #, Etc.: Apt. J-102

City: Miami | State: FL | Zip Code: 33173

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 01/17/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Andy Martinez	7820 Camino Real, J-102	Miami, Fl 33173

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ ANDY MARTINEZ 01/17/03 (305) 559=3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 1/22