


# 2002 Uniform Business Report

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Jim Smith</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>		<b>FILED</b>  <b>02 SEP 13 PM 5:09</b>  <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
<b>DOCUMENT #</b> P93000007995					
<b>1. Corporation Name</b> Year 2002 Martinique II Realty, Inc					
<b>2. Principal Office Address</b> 2655 N. Ocean Blvd Suite, Apt. #, etc. Box #3 City & State Singer Island, Florida Zip Country 33404 USA		<b>3. Mailing Office Address</b> 14765 Haymarket Ct. Suite, Apt. #, etc. City & State Wellington, Florida Zip Country 33414 USA		01-02 UBR 8/30/02 01055 012-150.00 <b>4. Date Incorporated or Qualified To Do Business in Florida</b> Jan 27, 1993 <b>5. FEI Number</b> 65-0393358 Applied For Not Applicable <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<b>7. Name and Address of Current Registered Agent</b>					
Name <b>IRVING GREAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>14765 Haymarket Court</b> Suite, Apt. #, Etc. City <b>Wellington</b> State <b>FL</b> Zip Code <b>33414</b>					
<b>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.</b> Signature of Registered Agent <b>Irving Grear</b> Date <b>8/23/02</b> REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors).</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
D.	Roselyn Grear	14765 Haymarket Ct.	Wellington, FL 33414		
P.	IRVING GREAR	14765 Haymarket Ct.	Wellington, FL 33414		
<b>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.</b>					
<b>SIGNATURE:</b> <b>Irving Grear</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>8/23/02</b> Date		<b>(561) 791-9933</b> Daytime Phone #	

CR2E081 (9/01)