


2002 Uniform Business Report

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PA3000007995 1. Corporation Name Year 2002 Martinique II Realty, Inc			
2. Principal Office Address 2655 N. Ocean Blvd Suite, Apt. #, etc. Box #3		3. Mailing Office Address 14765 Haymarket Ct. Suite, Apt. #, etc.	
City & State Singer Island, Florida		City & State Wellington, Florida	
Zip 33404	Country USA	Zip 33414	Country USA

FILED
 02 SEP 13 PM 5:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01-02 UBR
8/30/02 01055 012-150.00

4. Date Incorporated or Qualified To Do Business in Florida Jan 27, 1993	
5. FEI Number 65-0393358	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name IRVING GREAR			
Street Address (P.O. Box Number is Not Acceptable) 14765 Haymarket Court		800007846368-3 -09/19/02--01043-003 ***150.00 ***150.00	
Suite, Apt. #, Etc.			
City Wellington		State FL	Zip Code 33414

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: *Irving Grear* Date: *8/23/02*

REGISTERED AGENT MUST SIGN

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.	<i>Roselyn Grear</i>	<i>14765 Haymarket Ct.</i>	<i>Wellington, FL 33414</i>
P.	<i>IRVING GREAR</i>	<i>14765 Haymarket Ct.</i>	<i>Wellington, FL 33414</i>

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: *Irving Grear, IRVING GREAR* Date: *8/23/02* (561) *791-9933*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)