
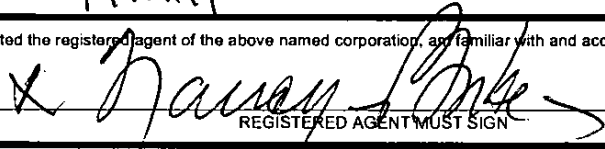
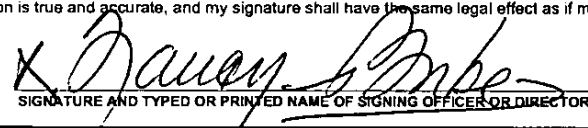


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;">CORPORATION REINSTATEMENT</div><div style="text-align: center;"></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">05 MAR 21 PM 12:33</div> <div>SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
DOCUMENT # P93000051578			
1. Corporation Name NAMART, INC.			
2. Principal Office Address 701 Brickell Key Blvd Suite, Apt. #, etc. 712 City & State MIAMI, FL Zip 33131 Country USA		3. Mailing Office Address 701 Brickell Key Blvd Suite, Apt. #, etc. 712 City & State MIAMI, FL Zip 33131 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 65-0433534 <div style="display: flex; justify-content: space-between;"><div>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></div><div>\$8.75 Additional Fee required for a Certificate of Status</div></div>	
7. Name and Address of Current Registered Agent			
Name Nancy Base			
Street Address (P.O. Box Number is Not Accepted) 701 Brickell Key Blvd			
Suite, Apt. #, Etc. SUITE 712			
City MIAMI		State FL	Zip Code 33131
8. I, being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent 		Date 3/18/05	
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	Nancy Base	701 Brickell Key Blvd #712	MIAMI, FL, 33131
<div style="display: flex; justify-content: space-between;"><div>600049891456</div><div>04/05/05--01027--005 **1350.00</div></div> <div style="text-align: center; font-size: 1.5em; font-weight: bold; margin-top: 10px;">REINSTATEMENT</div> <div style="text-align: center; font-size: 2em; font-weight: bold; margin-top: 10px;">DL-05</div>			
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: 		Date 03/18/05 (325)377-0501	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E081 (01/05)