


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 MAR 21 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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	
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4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0433534

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Nancy Babe

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, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Nancy Babe* 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 Babe	701 Brickell Key Blvd #712	MIAMI, FL, 33131

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04/05/05--01027--005 **1350.00

REINSTATEMENT 02-05

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: *Nancy Babe* Date 03/18/05 (305) 377-0501

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

CR2E081 (01/05)