

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

1998 MAR 23 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000043327

1. Corporation Name  
CONCEPCION + MARTINEZ, CORP

Principal Place of Business Mailing Address  
4760 S.W. 72ND AVE  
MIAMI, FLORIDA 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 6/6/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0596208	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D/S	LILIANA CONCEPCION	5401 SW 62 AVE	MIAMI, FL 33155
V.P/D	LESLIE MARTINEZ	1415 MESINA	CORAL GABLES, FL
			400002467264--0 03/24/98--01106--013 ***1050.00 ***1050.00
<b>REINSTATEMENT</b>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
LESLIE MARTINEZ  
Street Address (P.O. Box Number is Not Acceptable)  
1415 MESINA  
Suite, Apt. #, Etc.  
City  
Coral Gables, FL

10. By being appointed the registered agent of the above named corporation, I am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* Date: 2/2/98  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 of the Florida Statutes, and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature is under oath.

Section 119.07(3)(k), Florida Statutes. This information is deemed exempt from public access under 617, F.S. I further certify that when filing 607.0401 or 617.0101, F.S., and that all will have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]* 2/2/98 (305) 663-8117

CR2E040 (12/95)