PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 13 AM 11:11

DOCUMENT # P 97000003336

1. Corporation Name
MARTIN, INC.
7341-7341 A West Flagler St.
Miami, Fl. 33144

02/28/05 90240 005 150.00

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 7341-7341 A West Flagler St. | Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Miami, Fl. | City & State |
| Zip: 33144 Country: USA | Zip Country |

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0719624 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MARIA PAZOS

Street Address (P.O. Box Number is Not Acceptable): 8220 SW. 25 TH. ST.

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33155

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: Maria E. Pazos Date: 10-11-05
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 |
|---|---|---|---|
| TREAS D/P/S | PAZOS , MARIA | 8220 SW. 25 Th. ST. | MIAMI, FLORIDA 33155 |
| | | | |
| | | REINSTATEMENT 05 | |
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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: Maria E. Pazos 10-11-05 305-267 0392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10-11-05

To: Department of State

Ref: Martin Inc
P97000003336
Alfredo Martin Properties Inc
P97000100319

Dear Sir (madam):

Take into consideration we send the payments of #$150.00 for each corporation on time, we never received any letter from you before. Please avoid penalties of #$600.00 late.

Thank You

Alfredo Martin
Maria E. Pazos