


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY -2 PM 3:40

STATE
TALLAHASSEE, FLORIDA

600074343396
05/10/06--01026--020 **450.00

DOCUMENT # 99000018091

1. Corporation Name

THE MATERIALMAN GROUP CORP.

2. Principal Office Address

2602 Atlantic Road

Suite, Apt. #, etc.

Miami Beach

City & State

Sunrise Fla

Zip

33139

Country

USA

3. Mailing Office Address

P.O. BOX

Suite, Apt. #, etc.

546882

City & State

Sunrise Fl.

Zip

33139

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

2/25/99

5. FEI Number

65-096034J

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

04-06
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Brenda Kork / Gabriel Kork

Street Address (P.O. Box Number is Not Acceptable)

9200 Collins Ave

Suite, Apt. #, Etc.

Sunrise Fl. 33154

City

Sunrise

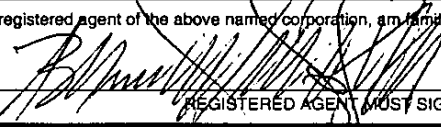
State
FL

Zip Code

33154

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



REGISTERED AGENT MUST SIGN

Date

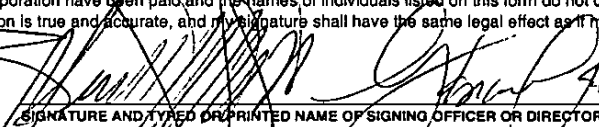
2/25/99

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
<u>P/D</u>	<u>Gabriel Kork</u>	<u>9200 Collins Ave</u>	<u>33154 Sunrise FL</u>
<u>M/D</u>	<u>Brenda Kork</u>	<u>9200 Collins Ave</u>	<u>33154 Sunrise FL</u>
		<u>Post</u>	

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 contained in Chapter 119, 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/06

Daytime Phone #

786-4437788

Brenda Kork / Gabriel Kork