

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 10 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V42706

1. Corporation Name

MarketMakers, Inc.

2. Principal Office Address

9440 N.W. 12th Street

3. Mailing Office Address

9440 N.W. 12th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip 33172

Country

Zip 33172

Country

REINSTATEMENT

03-04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0379296

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

Joseph Novitski

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

5891 S.W. 81st Street

Suite, Apt. #, Etc.

City

Miami,

State
FL

Zip Code
33143

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

Joseph Novitski

REGISTERED AGENT MUST SIGN

Date May 6th, 2004

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
P/V/D	Joseph Novitski	5891 SW 81st Street	Miami, FL - 33143
V	Brian J. Cassidy	3680 N.W. 73rd Street	Miami, FL - 33147

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:

Joseph Novitski

JOSEPH NOVITSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 May 2004 (805) 574-1284

Date

Daytime Phone #

CR25081 (01/04)