

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 10 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V 54618**

1. Corporation Name

FERNAN MARTINEZ COMMUNICATIONS, INC

REINSTATEMENT 01-03

2. Principal Office Address

180 N.E. 39th St

3. Mailing Office Address

180 N.E. 39th St

Suite, Apt. #, etc.

212

Suite, Apt. #, etc.

212

City & State

Miami, FL

City & State

Miami, FL

Zip

33137

Country

USA

Zip

33137

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/1992

5. FEI Number

65-0399409

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

FERNAN MARTINEZ

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

180 N.E. 39th St

308821465503

07/10/03--01075--003 **1058.75

Suite, Apt. #, Etc.

212

City

Miami

State

FL

Zip Code

33137

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

[Handwritten Signature]

Date

07/08/03

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
P	FERNAN MARTINEZ	180 N.E. 39 th St Ste 212	Miami, FL 33137

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

07/08/03

Date

(305) 374-5474

Daytime Phone #

CR2E081 (10/02)

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