


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 10 AM 8:00

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V67101**

1. Corporation Name  
**NITRAM GROUP, INC.**

2. Principal Office Address <b>2921 NW 162 ST.</b>		3. Mailing Office Address <b>2921 NW 162 ST.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>	
Zip <b>33054</b>	Country <b>U.S.A.</b>	Zip <b>33054</b>	Country <b>U.S.A.</b>

**REINSTATEMENT 97-03**

4. Date Incorporated or Qualified to Do Business in Florida **09-29-1992**

5. FEI Number **650174767** Applied For  Not Applicable

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

*MRS*

7. Name and Address of Current Registered Agent

Name **DERRICK B. MARTIN** ID# **7000229348**

Street Address (P.O. Box Number is Not Acceptable) **1445 Sandpiper Circle** Phone # **305-1658-75**

Suite, Apt. #, Etc.

City **Weston** State **FL** Zip Code **33327**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.051(5) or 617.0502, F.S.

Signature of Registered Agent *Derrick B. Martin* Date **8/5/2003**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer or Director	City / State / Zip
PRES.	<b>ALVIN ALVESTER MARTIN SR</b>	<b>2921 NW 162 ST.</b>	<b>MIAMI, FLORIDA 33054</b>
V.P.	<b>ALVESTER MARTIN JR.</b>	<b>2921 NW 162 ST</b>	<b>MIAMI, Florida 33054</b>

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 607.04(1) or 617.04(1), 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 118.07(3)(b), 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: *Alvin Alvester Martin Sr.* **ALVESTER MARTIN SR.** Date **8/5/03** Phone # **305-624-8731**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATION REGISTERED