

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 11:07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P02000041078

1. Corporation Name

MARTIN BORGES SERVICES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 19102 WEST PALM BEACH FL 33416

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REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/16/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

020588800

Not Applicable

Zip Country

Zip Country

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for BORGES, MARTIN.

300023760333 10/13/03--01090--023 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BORGES, MARTIN 860 W. 53RD STREET HIALEAH FL 33014

Name MARTIN BORGES Street Address (P.O. Box Number is Not Acceptable) 1545 "D" FOREST AVE in Suite, Apt. #, Etc. City W.P.B. State FL Zip Code 33406

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE [Signature] REGISTERED AGENT MUST SIGN

Date 10-9-03

11. 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

Date 10-9-03 Daytime Phone # 1800-970-0821

CP2EC040 (7/03)