

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	S DIVIS	DEPARTMENT OF STATE ocretary of State ION OF CORPORATIONS	re	FILE:	PH 1: 40	
DOCUMENT # P96000098369 1. Corporation Name MARBELY MOTORS, INC 71 E 49 STREET HIALEAH, FL 33013				AR.	SECRETALLARIES ET.	A D. Dr.	
l ·			3. Mailing Office Address 1975 E PALM CT		REINSTATEMENT 03-05.		
Suite, Apt. #, etc. Suite, Apt. #			tc.		porated or Qualified iness in Florida	W	
City & State HIALEA	H, FL 33013	City & State HIALEAH,	City & State HIALEAH, FL 33013		5. FEI Number Applied For 65-0717007 Not Applicable		
Zip 33013	Country MIAMI DADE	Zip 33013	Country MIAMI DADE	6. CERTIFICATE		Additional Fee required Certificate of Status	
	7. Name and Address of Current Registered Agent						
	Name VICENTE R HERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 4975 E PALM CT Suite, Apt. #, Etc.						
	City HIALEAH	 	•••		State Zip Code		
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 Agent Date Date Date							
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		
PD	VICENTE R HERNANDEZ		4975 E PALM CT		HIALEAH, FL 33013		
VD	ALBA HERNANDEZ		4975 E PALM CT		HIALEAH, FL 33013		
						20056810002 20501046009 **450.00	
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 filling 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 tisted 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 Date Date Date							

5

Florida Department of State Division of Corporations P.O.Box 6327 Tallahassee, Fl 32314

Ref: Document # P96000098364 Marbely Motors, Inc. Mailing address: 4975 E Palm Ct Hialeah, Fl 33013

Sir or Madam:

Because of a mistake in the mailing address we never received Annual Reports for year 2003, 2004 and 2005

Please, cancel the penalty and accept the check for \$450.00 to cover years 2003,2004 and 2005 Annual Reports.

The correct mailing addres is Marbely Motors, inc 4975 E Palm Ct Hialeah, Fl 33013

Thank you

Vicente R Hernandez President

June 24,2006