

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 26 PM 5:39

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000032708

1. Corporation Name

MARJO ASSOCIATES, INC.

2. Principal Office Address
350 E. Las Olas Blvd.

3. Mailing Office Address
350 E. Las Olas Blvd.

Suite, Apt. #, etc.
Suite 1700

Suite, Apt. #, etc.
Suite 1700

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip 33301 Country U.S.

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4. Date incorporated or Qualified To Do Business in Florida 4/9/99

5. FE Number 6500914074

Applied For
Not Applicable

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

500003465155--9
-11/15/00-01114-018
****150.00 ****150.00

7. Name and Address of Current Registered Agent

Name
Charles B. Pearlman

Street Address (P.O. Box Number is Not Acceptable)
350 E. Las Olas Blvd.

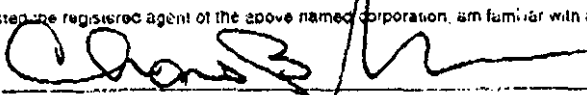
Suite, Apt. # Etc.
Suite 1700

City
Ft. Lauderdale

State FL Zip Code 33301

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



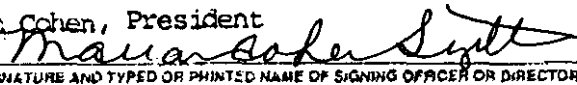
Date 10/23/00

REGISTERED AGENT MUST SIGN

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

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-------|-----------------------------------|--|--------------------------|
| D/P | Marian Cohen | 350 E. Las Olas Blvd., #1700 | Ft. Lauderdale, FL 33301 |
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10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided 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)(c), 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: Marian Cohen, President


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/23/00 (877) 725-5962

Date Daytime Phone #

AD

MA MarJo Associates, Inc.

October 24, 2000

VIA FEDERAL EXPRESS

Department of State
Divisions of Corporations
Annual Report Filings
409 East Gaines Street
Tallahassee, Fl. 32399

Re: MARJO ASSOCIATES, INC.
Document Number: P99000032708


Dear Madam or Sir:

Enclosed please find the following:

1. 2000 Annual Report; and
2. A check in the amount of \$150.00 for filing fees

Please note that the registered agent address changed due to a move several months ago and we respectfully request a waiver of the late fee as the Annual Report notice was not properly forwarded. Should you have any questions, please do not hesitate to contact the undersigned at (877) 725-5962.

Sincerely,


Marian Cohen-Lonzetta
President/CEO