

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 30 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99100 0107788

1. Corporation Name

Marpo Music, Inc.

2. Principal Office Address

52 7th Street

3. Mailing Office Address

52 7th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs, Fl.

City & State

Bonita Springs, Fl.

Zip

34134

Country

U.S.

Zip

34134

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida*

12/10/99

5. FEI Number

59-3611463

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

Reinstatement 01-03

7. Name and Address of Current Registered Agent

Name

Jennifer Marriott

000023239050

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

52 7th Street

09/22/03--01062--026 **450.00

09/22/03--01062--026 **450.00

Suite, Apt. #, Etc.

City

Bonita Springs

State
FL

Zip Code
34134

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

REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|--|---------------------------|
| Pres. | Jennifer Marriott | 52 7th Street | Bonita Springs, Fl. 34134 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

9-12-03

Date

239-495-5327

Daytime Phone #

CR2E081 (10/02)

9/9/00

Marpo Music, Inc.
52 7th Street
Bonita Springs, Fl. 34134

September 4, 2003

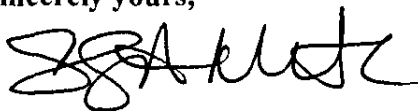
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sir or Madame:

I am sending you the current mailing address to receive future annual filing reports from the Florida Division of Corporations. I am requesting a waiver of any penalties for non filing of prior year annual reports because of not receiving those reports in the mail. Enclosed you will find a completed corporation reinstatement form to reinstate Marpo Music, Inc. In addition you will find a check covering annual report filing fees for years 2001, 2002, and 2003 .

| Year | Filing Fees |
|-------|-------------|
| 2001 | \$150.00 |
| 2002 | 150.00 |
| 2003 | 150.00 |
| Total | \$450.00 |

Sincerely yours,



Jennifer Marriott
President of Marpo Music, Inc.