

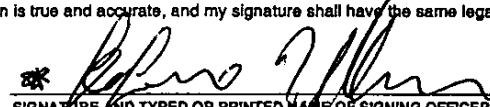


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		06 AUG -1 PM 2:56	
<b>DOCUMENT # P02000047936</b>					
<b>1. Corporation Name</b>  1056 MAPLE CHASE DRIVE CORP.					
<b>2. Principal Office Address</b> 10546 MAPLE CHASE DRIVE		<b>3. Mailing Office Address</b> 10546 MAPLE CHASE DRIVE		500078465585 08/08/06--01024--002 ***\$00.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		FEBRUARY 12/05 03-06	
City & State BOCA RATON, FL		City & State BOCA RATON, FL		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> APRIL 29, 2002	
Zip 33498	Country PALM BEACH COUNTY	Zip 33498	Country PALM BEACH COUNTY	<b>5. FEI Number</b> 04-3664713	Applied For Not Applicable
				<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<b>7. Name and Address of Current Registered Agent</b>					
Name STEFANO DI MARTINO					
Street Address (P.O. Box Number is Not Acceptable) 10546 MAPLE CHASE DRIVE					
Suite, Apt. #, Etc.					
City BOCA RATON		State FL	Zip Code 33498		
<b>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.</b>					
Signature of Registered Agent		* 		Date * JULY-28-2006	
REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PRES	STEFANO DI MARTINO	10546 MAPLE CHASE DRIVE		BOCCA RATON, FL 33498	
<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 607.0401 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 contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> * 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date * JULY 28, 2006 561-706-9359	
				Daytime Phone #	

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**Stefano Di Martino  
10546 Maple Chase Drive  
Boca Raton, FL 33498**

July 28, 2006

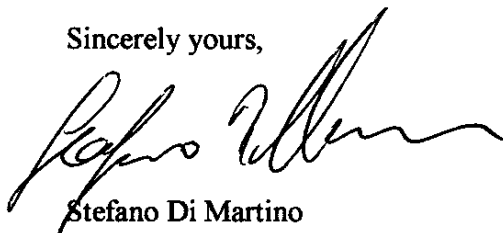
Florida Department of State  
Secretary of State  
Sue M. Cobb  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: 1056 Maple Chase Drive Corp.**  
10546 Maple Chase Drive  
Boca Raton, FL. 33498  
FEI#: 04-3664713  
Doc.#: P02000047936

To Whom It May Concern:

I am writing this letter regarding the Annual Report for my Corporation, which is stated above. At this time I ask that you please waive the reinstatement fee due to the fact that I never received any notice regarding the Annual Report. I became aware of the fact that my Corporation was inactive through a mortgage company which I am currently doing business with. Please be aware that the address you have on file is different than my actual address which is 10546 Maple Chase Drive. I can honestly say that had I had received a notice since 2003, I would have definitely filed my Annual Report in a timely fashion.

Sincerely yours,



Stefano Di Martino