2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K19701

City-St-Zip:

MIAMI, FL 33131

FILED Dec 14, 2007 Secretary of State

Entity Na	me: MARJU C	ORP.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
169 E FLA	GLER ST				
SUITE 160					
MIAMI, FL	33131 US				
Current M	lailing Addres	s:	New Mailing Addre	New Mailing Address:	
169 E FLA SUITE 160 MIAMI, FL	00				
FEI Number:	: 65-0040191	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
LINDENFE	ELD, MELENE		LINDENFELD, HELE	ENE	
		REET, STE 1600		R STREET, STE 1600	
MIAMI, FL 33131 US M			MIAMI, FL 33131	US	
The above named entity submits this statement for the purplin the State of Florida. SIGNATURE: HELENE LINDENFELD Electronic Signature of Registered Agent				12/14/2007 Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	DVP ()	Delete	Title:	() Change () Addition	
Name:	LINDENFELD,		Name:		
Address:	169 E FLAGLE	R 1600	Address:		
City-St-Zip:	MIAMI, FL		City-St-Zip:		
Title:	DP ()	Delete	Title:	() Change () Addition	
Name:	LINDENFELD, I	MARTIN	Name:		
Address:	169 E FLAGLE		Address:		
City-St-Zip:	MIAMI, FL 331	31	City-St-Zip:		
Title:	DS ()	Delete	Title:	() Change () Addition	
Name:	LINDENFELD, Î		Name:		
Address:	169 E FLAGLE	R 1600	Address:		
City-St-Zip:	MIAMI, FL		City-St-Zip:		
Title:	AS ()	Delete	Title:	() Change () Addition	
Name:	LINDENFELD, Í		Name:		
Address:	169 E FLAGLE	R ST, # 169	Address:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: HELENE LINDENFELD 12/14/2007 AS