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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                                                                                                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>CORPORATION<br/>REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |  <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                          |
| <b>DOCUMENT # F 02000001840</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                                                                                                          |                          |
| 1. Corporation Name<br><b>MARQUIS YARNS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                                                                                          |                          |
| 2. Principal Office Address<br><b>5125 SUFFOLK DRIVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | 3. Mailing Office Address                                                                                                                                                |                          |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | Suite, Apt. #, etc.                                                                                                                                                      |                          |
| City & State<br><b>BOCA RATON, FLORIDA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | City & State                                                                                                                                                             |                          |
| Zip<br><b>33496</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Country<br><b>USA</b>           | Zip                                                                                                                                                                      | Country                  |
| 4. Date incorporated or Qualified To Do Business in Florida<br><b>4-12-2002</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | 5. FEI Number<br><b>21-2211997</b>                                                                                                                                       |                          |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | Applied For<br>Not Applicable                                                                                                                                            |                          |
| 7. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                                                                                                          |                          |
| Name<br><b>DANIEL M. STEIN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                                                                                                          |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>5125 SUFFOLK DRIVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                                                                                                          |                          |
| Suite, Apt. #, Etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                                                                                          |                          |
| City<br><b>BOCA RATON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | State<br><b>FL</b>                                                                                                                                                       | Zip Code<br><b>33496</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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                                                                                                          |                          |
| Signature of Registered Agent<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | Date<br><b>3/6/2006</b>                                                                                                                                                  |                          |
| REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                                                                                                                          |                          |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                                                                                                          |                          |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name of Officer and/or Director | Street Address of Each Officer and/or Director                                                                                                                           | City / State / Zip       |
| PRES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DANIEL M. STEIN                 | 5125 SUFFOLK DRIVE                                                                                                                                                       | BOCA RATON, FL 33496     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                                                                                                          |                          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                                                                                                          |                          |
| 10. I certify that I am an officer or director or the recorder 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. |                                 |                                                                                                                                                                          |                          |
| SIGNATURE: <i>[Signature]</i> DANIEL M. STEIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | 3/6/2006 (561) 994-7351                                                                                                                                                  |                          |
| SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | Date                                                                                                                                                                     |                          |

*Aggrew*

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Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

March 6, 2006

Re: Marquis Yarns, Inc.  
Document # F02000001840  
Annual Reports

Gentlemen,

We have recently become aware that the State of Florida revoked the corporate charter of Marquis Yarns, Inc. Upon further examination, we discovered that the State of Florida was mailing the annual report information to a post office box that had been closed over three years ago. Based on a conversation that we had with a state examiner this morning, we have attached an application for Corporate Reinstatement along with a check for \$600.00 covering the annual report fee for 2003, 2004, 2005 and 2006.

The corporation would kindly request that any reinstatement fee be waived and the corporate charter be immediately reinstated upon receipt of the application and check. Should you have any questions, please feel free to contact my office.

*Brian T. Reid*  
Brian T. Reid CPA

Cc: Daniel M. Stein