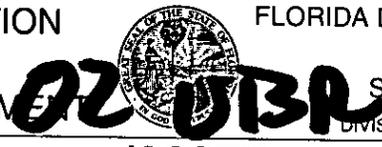


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

02 NOV -5 AM 9:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # J98877

1. Corporation Name
MARNAN GROUP, INC.

Principal Place of Business: 16550 SHEER BLVD. HUDSON FL 34667 US
 Mailing Address: P.O. BOX 6036 HUDSON FL 34674-6036 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/26/1987	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2857063	
Country		Country		Applied For	
		HUDSON Florida		Not Applicable	
		34674 PASCO.		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DTSP	REYNOLDS, WILLIAM L.	9426 VANCOUVER ROAD 1011 RIVERSIDE Ridge Rd	SPRING HILL FL 34608 TARPON SPRINGS - FL 34688

100008802851
 11/05/02--01038--004 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
REYNOLDS, WILLIAM L. 16550 CHEER BLVD HUDSON FL 34667		Name: REYNOLDS - William L. Street Address (P.O. Box Number is Not Acceptable): 16550 Scheer Blvd Suite, Apt. #, Etc.: Suite # 2 City: HUDSON State: FL Zip Code: 34667	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: *[Signature]* **SIGNATURE REQUIRED** Date: 10-31-02
 REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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]* **SIGNATURE REQUIRED** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: REYNOLDS - WILLIAM L. DATE: 10-31-02 DAYTIME PHONE #: 1-727-863-5444

CR2E040 (8/02)

Central

PEST CONTROL INC.

Serving Florida Since 1974
P.O. Box 6036
Hudson, FL 34674

October 31, 2002

To whom It May Concern:

Due to incorrect address we did not receive the application for reinstatement.

You will find a copy enclosed of the incorrect address.

Our Address is as follows

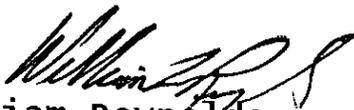
Marnan Group Inc.

P.O. Box 6036

Hudson, Fl. 34667

Please be sure to correct this mistake for our future renewals.

Thank You



William Reynolds

Page 1
TOLL FREE

1-800-531-5911
CITRUS

PASCO
HILLSBOROUGH

HERNANDO
PINELLAS