

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 22 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P - 63207

MARCA USA INC.

2. Principal Office Address

3001 S. OCEAN DR

Suite, Apt. #, etc.

6-0

City & State

HOLLYWOOD FL

Zip  
33019

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip  
Country

800033724168  
04/23/04--01025--005 \*\*150.00

REINSTATEMENT 07-04

4. Date Incorporated or Qualified  
To Do Business in Florida

06/00

5. FEI Number

651020242

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RUTH CARPEL

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

3001 S. OCEAN DR.

Suite, Apt. #, Etc.

6-0 6-0

City

HOLLYWOOD

State  
FL

Zip Code  
33019

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

Date 04/13/04

REGISTERED AGENT MUST SIGN

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.	RUTH CARPEL	3001 S. OCEAN DR. 6-0	HOLLYWOOD, FL 33019

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:

*Ruth Carpel* RUTH CARPEL 04/13/04 954 924 2467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARCA USA, INC.  
3001 S. OCEAN DR. # 6-0  
HOLLYWOOD, FLA. 33019

RE: FID # 65-0712648

TO WHOM IT MAY CONCERN:

ENCLOSED PLEASE FIND OUR PROFIT CORPORATION REINSTATEMENT FORM AND A CHECK FOR \$150.00 FOR THE CURRENT YEAR (2004). WE ARE SORRY THAT WE LET THE CORPORATION BECOME INACTIVE, BUT DID NOT RECEIVE YOUR LETTER SENT TO US REGARDING THE CHANGE IN THE REGISTERED AGENT FEBRUARY 2003 AS PER YOUR PEOPLE AT THE DEPARTMENT.  
PLEASE ACCEPT OUR APOLOGIES AND ALLOW US TO MAKE THIS PAYMENT IN LIEU OF THE OTHER CHARGES FOR REINSTATEMENT FOR 2004.

SINCERELY,

  
RUTH CARPEL  
PRESIDENT

04/13/04.