	-					
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.						
APPLICATION	ELORIDA DEPARTME	NT OF STATE				
FOR Jim Smith REINSTATEMENT			FILED			
DOCUMENT # P0000092110			02 OCT 30 AM II: 35			
1. Corporation Name THE MARANA GROUP, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 57 WEST PINE STREET SUITE 300 ORLANDO FL 32801	PINE STREET 57 WEST PINE STREET SUITE 300					
If above addresses are incorrect in any way, line throu	igh incorrect information and enter	correction below.				
2. New Principal Office Address, If Applicable 14 Bast Washington St Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable L. Enstwashington St. Suite, Apt. #, etc.		Date Incorporate To Do Busin	prated or Qualified less in Florida	09/27/2000	
Sol 12 500 City & State	<u> </u>		5. FEI Number	59-3675635	Applied For	
OMprido	Orlando		6.		Not Applicable	
Zip 801 Country	Zip Count	BUR E		OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Eac Officer and/or			st 3 directors)			
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
D/P TIMMONS, MARRY M HAMY	67 WEST PINE	-67 WEST PINE STREET, SUITE 30		ORLANDO FL 32801		
DVP6 LEWIS, MICHAEL		-57 WEST PINE STREET, SUITE 300				
V.P Jeffrey Biron	IN IH_E, WASI	14_E. WASHINGTON St. Suite 500 Or IMNOD 32801				
V.P. Topo Uphous	14 E.WASI	14 E WASHINGTON ST SUITESOD OC ANDO 32801				
			1 () 10/30/(0008697 0201044024	001 **150.00	
			10 100 4		<u> </u>	
8. Name and Address of Current Registered Agent 9.				ddress of New Register	red Agent	
LIPSON, GARY D			m. Time	ner 5		
9350 SOUTH DIXIF HIGHWAY			O. Box Number i	s Not Acceptable)	OGZBKC	
SUITE 1550 Suite, Apt. #, Etc.			MARIN	1 31 St	5116300	
MIAMI FL 33156			<u>00</u>		State Zip Code	
		<u> </u>			<u>-1 32801</u>	
I, being appointed the registered agent of the above	named corporation, am familiar w	ith and accept the obl	ligations of Section	on 607.0505, F.S. or 617.	0505, F.S.	

Signature of Registered

REGISTERED AGENT MUST SIGN

Date 10/20/02

11. 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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20 /02

THE MARANA GROUP

Public Relations

Financial Marketing

Ad Media Campaign

Print Media Campaign

Investor Relations

Multimedia

Graphic Design-

Website Design

Digital Media

E-Strategy

Web Hosting

Web Maintenance

Video Production

Studio Production.

Field Production

Non-Linear Editing

Digital Encoding

October 28, 2002

Florida Department Of State Division Of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Administrative Dissolution or Revocation

To Whom It May Concern:

Attached is our application for re-instatement for The Marana Group. We have enclosed a re-instatement fee of \$150.00, as we have never received any previous documents concerning the uniform business report.

If you have further questions, please feel free to call the number listed below.

Thank you

Harry M. Timmons