


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000115029			
1. Corporation Name MARANGES MANAGEMENT INC.			
2. Principal Office Address 2025 N.W. 102nd Ave, Suite, Apt. #, etc. 111-112 City & State Miami, Fl. Zip 33172 Country U.S.A.		3. Mailing Office Address 1150 N.W. 72nd Avenue Suite, Apt. #, etc. 555 City & State Miami, Fl. Zip 33126 Country U.S.A.	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-1064613	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Ramon Maranges	
Street Address (P.O. Box Number is Not Acceptable) 2025 N.W. 102nd Avenue Suite, Apt. #, Etc. 111-112 City Miami, Florida, State FL Zip Code 33172	

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

Ramon Maranges

REGISTERED AGENT MUST SIGN

Date 2/24/02

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
P/D	Ramon Maranges	9540 S.W. 104th St..	Miami, Fl. 33176
T/D	Carmen C. Maranges	9540 S.W. 104th St.	Miami, Fl. 33176
S/D	Raymond Maranges	2820 Banyan Blvd.	Boca Raton, Fl. 33432

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:

Ramon Maranges

Ramon Maranges

2/24/02

305-594-1830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #