1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 21 PM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026392

1. Corporation Name
Mafran Moving and Storage, Inc.

2. Principal Office Address	3. Mailing Office Address
8693 S.W. 159th Path	8693 S.W. 159th Path
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33193 Country: USA	Zip: 33193 Country: USA

REINSTATEMENT 03-03

4. Date Incorporated or Qualified To Do Business in Florida: 3-14-2001

5. FEI Number: 65-1120460 — X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED X — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Mario Alonso

Street Address (P.O. Box Number is Not Acceptable): 8693 S.W. 159th Path

Suite, Apt. #, Etc. —

City: Miami | State: FL | Zip Code: 33193

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 _____ REGISTERED AGENT MUST SIGN Date September 23, 2005

CR2E081 (01/05)

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
President	Mario Alonso	8693 SW 159th Path	Miami, Fl 33193
Director	Mario Alonso	8693 SW 159th Path	Miami, Fl 33193
Officer	Mario Alonso	8693SW 159th Path	Miami, Fl 33193
		400061603904 11/21/05--01040--018 **450.00	

1 annual report

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.

office 305-388-3321

SIGNATURE: Mario Alonso September 23, 2005 305-338-4797 cell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Mafran Moving & Storage Inc.
8693 S.W. 159th Path
Miami, Fl 33193

To Whom It May Concern:

The reason for this letter is to bring to your knowledge that my Corporation Mafran Moving and Storage, FEI Number 65-1120460 / Document # P01000026392 is sending you a check of $ 450.00 for its reinstatement. Also I am asking please, for the waiver of $600.00, since I never received any correspondence or any document to file.

Please take into consideration this petition. I really was not aware of these happenings at all. I will do everything that is necessary for this inconvenience not to happen again.

I will really appreciate if you can let me know exactly what date I need to file in the yearly basis, or if there a way that you can withdrawal the corporation's filling fee from my business account or my credit card directly.

I truly apologize for any inconvenience that this may caused you.

Thank you very much for the attention given to this important matter. Any questions you can contact me at 305-338-4797 or 305 388-3321.

Thank again

Mario Alonso
President