

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000070807

1. Corporation Name

M.A.R.A. INTERNATIONAL, INC.

Principal Place of Business

11540 N.W. 56TH DRIVE
#107
CORAL SPRINGS F: 33076

Mailing Address

11540 N.W. 56TH DRIVE
#107
CORAL SPRINGS F: 33076

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/2001

5. FEI Number

65-1131488

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	AQUILINO, ROSA	11540 N.W. 56TH DRIVE	CORAL SPRINGS F: 33076

700009220657
11/26/02--01030--011 **158.75

8. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

9. Name and Address of New Registered Agent

Name: ROSA AQUILINO
Street Address (P.O. Box Number is Not Acceptable): 11540 NW 56th Dr #
Suite, Apt. #, Etc.: #107
City: CORAL SPRINGS

State: FL Zip Code: 33076

CR2E040 (8/02)

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 Required
REGISTERED AGENT MUST SIGN

Date: 11/20/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/02

Daytime Phone #



Mara International Inc

November 18, 2002

Florida Department of State
Division of Corporations
Tallahassee, Florida

Dear Sir or Madam:

Please be advised that we did not receive our annual report for 2002. Our correct Principal and Mailing Address is:

11540 NW 56th Drive #107
Coral Springs, FL 33076

I am now being informed by you that our corporation is dissolved. Please, accept our check for \$158.75 and reinstate this corporation. We understand now that a report is due every year between January 1st and May 30th.

Thank you for your assistance

Rosa Aquilino
President