PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	ORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 DEC -6 PM 2: 42 SECRETARY OF STATE
DOCUMENT # POLOCO	00 85626	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	Malling Office Address	reinstatement of
	10200 N.W. 25 ST. Jite, Apt. #, etc.	
SUITE 202		4. Date incorporated or Qualified To Do Business in Florida 8-29-0
City & State City Minymi FL.	iy & State MIAMI FL.	5. FEI Number Applied For Not Applicable
Zip Country Zip	33172 Country USA	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name HUGOE, BELTRAN		
Street Address (P.O. Box Number is Not Acceptable), 10 200 NW 25 ST.		
Suite, Apt. #, Etc. SUITE 202		
City MIAMI	205	State Zip Code 33,172
8. I, being appointed the registered abent of the above namely corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED ASENT MUST SIGN		
9. Names and Street Addresses of Each Officer and Princetor (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 HUGO E. BELTRAN	10200 NW 25 S	TREET MIAMI FL 33172
M Luis A. BELTRAN	10200 NW 25	STEEFT MIAMI FL 33175
VP MARIO M. BELTEA	AN 10200 N.W. 25	STREET MIAMI FL. 33172
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	Brion	7 9:00043215779 12/06/0401057020 **150.00
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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 filling 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: SIGNATURE: SIGNATURE AND TYPED OR PENTED TRANSPORT OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

CABANAS & ASSOCIATES, P.A.

ACCOUNTING, TAX PLANNING & PREPARATION SQUARE ONE BUSINESS CENTER 10520 N.W. 26TH STREET

SUITE C-201 MIAMI, FLORIDA 33172 Member of National Society of Public Accountants Florida Association of Independent Accountants

November 24, 2004

Telephone: 305-513-3639

FAX: 305-513-4122

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

RE: MARLI PRODUCTIONS CORPORATION P 01000085626

Gentlemen:

We are the Accountants for the above-referenced corporation.

Please note that our client never received the original Annual Report Notification for 2004.

Our client respectfully requests amnesty against any penalties since they moved at the beginning of 2004 and never received the Annual Report Notification at their current address.

They are now attaching a check for \$ 150.00 to cover the filing fees.

Should you have any questions, please do not hesitate to contact the undersigned.

Sincerely,

Maria C. Cabanas

Enclosure