

FROM : BLUE MARBLE

FAX NO. : B132235277

Oct. 23 2002 03:48PM P1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FILED

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 OCT 28 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P01000104135

1. Corporation Name

BLUE MARBLE MARKING, INC.

Principal Place of Business	Mailing Address
100 WEST KENNEDY BLVD., SUITE 780 TAMPA FL 33602	100 WEST KENNEDY BLVD. SUITE 780 TAMPA FL 33602
If above addresses are incorrect in any way, line through incorrect information and enter correction below.	



2. New Principal Office Address, If Applicable <i>17008 Falconridge Rd</i>		3. New Mailing Office Address, If Applicable <i>17008 Falconridge Rd</i>		4. Date Incorporated or Qualified To Do Business in Florida 10/26/2001
5. FEI Number <i>611403799</i>		Applied For Not Applicable		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HAYES, MICHAEL	100 WEST KENNEDY BLVD., SUITE 780	TAMPA FL 33602
		17008 Falconridge Rd	Lithia, FL 33547
			800008636238
			10/28/02--01114--025 **150.00

8. Name and Address of Current Registered Agent HAYES, MIKE 100 WEST KENNEDY BLVD., SUITE 780 TAMPA FL 33602		9. Name and Address of New Registered Agent Name: <i>Mike Hayes</i> Street Address (P.O. Box Number is Not Acceptable): <i>17008 Falconridge Rd</i> City: <i>Lithia</i> State: FL Zip Code: <i>33547</i>	
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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: _____ Date: *10/23/02*
REGISTERED AGENT MUST SIGN

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: _____ Date: *10/23/02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Blue Marble 
Marketing, Inc.

October 24, 2002

To Whom It May Concern:

I am including this letter with my Application for Reinstatement to state that I did not receive the prior UBR notices. Please consider this letter a request to have the reinstatement penalty fee waived. I have also included the fee of \$150 to file this report without penalty.

Sincerely:



Michael Hayes
Director
Blue Marble Marketing, Inc.