


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000048168		
1. Entity Name MARATHON MESSENGER SERVICES, INC.		

FILED  
04 DEC -2 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 7875 BIRD ROAD SUITE 226 MIAMI, FL 33155	Mailing Address 7875 BIRD ROAD SUITE 226 MIAMI, FL 33155
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2. Principal Place of Business 5951 NW 151 ST Suite, Apt. #, etc. # 111	3. Mailing Address P.O. BOX 126879 Suite, Apt. #, etc.
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11292004 REIN-P CR2E098 (6/04)

City & State MIAMI LAKES, FLORIDA	City & State HIALEAH, FLORIDA
Zip 33014	Country USA
Zip 33012	Country USA

4. FEI Number 02-0587239	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUZMAN, MARTA 7875 BIRD ROAD SUITE 226 MIAMI, FL 33155	
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7. Name and Address of New Registered Agent Name GUZMAN, MARTA Street Address (P.O. Box Number is Not Acceptable) 5951 NW 151 ST # 111 City MIAMI LAKES FL Zip Code 33014	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>Marta Guzman</u> Signature, typed or printed name of Registered agent and title if applicable.	MARTA GUZMAN (NOTE: Registered Agent signature required when reinstating) 11/29/04 DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUZMAN, MARTA 7875 BIRD ROAD SUITE 226 MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUZMAN, MARTA 5951 NW 151 ST # 111 MIAMI LAKES, FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000043138130 12/02/04--01059--007 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Marta Guzman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	MARTA GUZMAN 11/29/04 Date 305-262-1212 Daytime Phone #