

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 24 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000060619

1. Corporation Name

Victor Maruri, Inc.

REINSTATEMENT 03-04

000029252950
02/23/04--01074--003 **150.00

2. Principal Office Address

17255 SW 95 AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Apt I-121

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33157

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

02-0616459

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alberto Maruri

Street Address (P.O. Box Number is Not Acceptable)

17255 SW 95 AVE

Suite, Apt. #, Etc.

Apt I-121

City

MIAMI

State

FL

Zip Code

33157

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2-20-04

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
P	MARURI, Victor	17255 SW 95 AVE Apt I-121	MIAMI FL 33157

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-04

Date

Daytime Phone #

(305) 519-6669

CR2E081 (01/04)

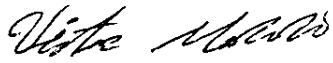
VICTOR MARURI, INC.
17255 SW 95 AVE #I 121
MIAMI FL 33157
(305) 519-6169

Friday, February 20, 2004

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
REINSTATEMENT DEPART

The corporation VICTOR MARURI, INC. is inactive and I did not received an letter for correction of the annual report dated on January 22 of 2003. Please I requesting a waiver to reinstate my corporation. I submitting copy of the cancelled check to proof that I sent the report and the payment. If you have any question please contact me at the address above.

Thank you,


Victor Maruri
President