

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 APR -7 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # P02000062287

1. Corporation Name

MARIO SYSTEMS CORP.

REINSTATEMENT 03-04

2. Principal Office Address		3. Mailing Office Address	
7349 NW 34 ST		7349 NW 34 ST	
Suite, Apt. #, etc. SUITE # 202		Suite, Apt. #, etc. SUITE # 202	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
Zip 33122	Country USA.	Zip 33122	Country USA.

4. Date Incorporated or Qualified To Do Business in Florida	06-05-02
5. FEI Number	03-0455445
Applied For	Not Applicable
CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent	
Name JUAN GUTIERREZ	
Street Address (P.O. Box Number is Not Acceptable) 7349 NW 34 ST	
Suite, Apt. #, Etc. SUITE # 202	
City MIAMI	State FL
Zip Code 33122	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607.0505 or 617.0503, F.S.	
Signature of Registered Agent	Date 04-05-05
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	JAIME A. SIERRA	7349 NW 34 ST #202	MIAMI FL 33122
ST	JUAN GUTIERREZ	7349 NW 34 ST #202	MIAMI FL 33122

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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 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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 04-05-05

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TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

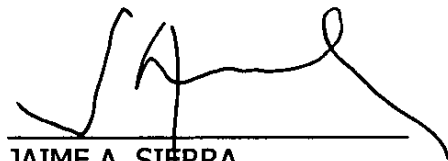
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR 2003 AND 2004 FROM YOUR OFFICE TO PAY THE UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

A handwritten signature in black ink, appearing to read 'JA', is written over a horizontal line.

JAIME A. SIERRA  
PRESIDENT