
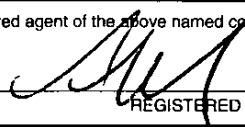
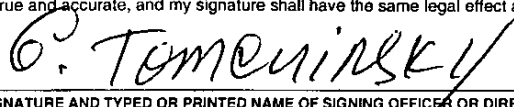


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 OCT 24 AM 9:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P03000157715 1. Corporation Name MARINA REALTY 2108-E CORP.				
2. Principal Office Address 16425 Collins Ave. Suite, Apt. #, etc. Unit 2616 City & State Sunny Isles Beach Zip Country 33160 USA		3. Mailing Office Address 16425 Collins Ave. Suite, Apt. #, etc. Unit 2616 City & State Sunny Isles Beach Zip Country 33160 USA		
		REINSTATEMENT 04/06 CR2E081 (12/05)		
		4. Date Incorporated or Qualified To Do Business in Florida 12/26/03		
		5. FEI Number 20-0562147	Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name Andrew S. Yagoda, P.A.				
Street Address (P.O. Box Number is Not Acceptable) 2222 Ponce de Leon Blvd.				
Suite, Apt. #, Etc. Suite 500				
City Coral Gables		State FL	Zip Code 33134	
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 		Date 10-19-06		
REGISTERED AGENT MUST SIGN				
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/D	Gregory Tomchinsky	16425 Collins Ave. #2616	Sunny Isles Bch, FL 33160	
VP/D	Marina Tomchinsky	16425 Collins Ave. #2616	Sunny Isles Bch, FL 33160	
8000081160328 10/24/06--01049--003 **2117.50				
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 contained in Chapter 119, 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: 		10.19.06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	