
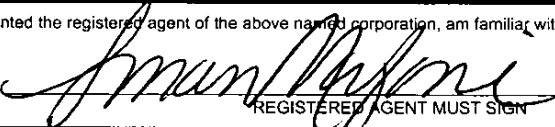
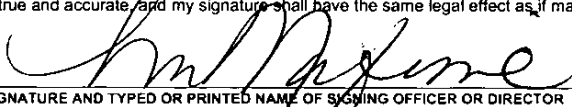


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		06 OCT 26 11:59	
DOCUMENT # P95000024158					
1. Corporation Name Marfione, Inc.					
2. Principal Office Address 932 36th CT. SW		3. Mailing Office Address 300 Chestnut St.		<div>000001253246 10/25/06--01036--001 **300.00</div> <div style="font-size: 2em; font-weight: bold; text-align: center;">REINSTATEMENT</div> <div>05-06</div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Vero Beach, FL		City & State Bradford, PA			
Zip 32968	Country US	Zip 16701	Country US		
4. Date Incorporated or Qualified To Do Business in Florida 4/25/1996				5. FEI Number 593310376	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Susan Marfione					
Street Address (P.O. Box Number is Not Acceptable) 12601 Lacey Drive					
Suite, Apt. #, Etc.					
City New Port Richey				State FL	Zip Code 34654
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 10-24-2006	
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	
PD	Anthony Marfione	12601 Lacey Drive		New Port Richey 34654	
VTSD	Susan Marfione	12601 Lacey Drive		New Port Richey 34654	
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: 		10-06-2006		814-363-9260	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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MARFIONE, INC.

October 24, 2006

To whom it may concern;

I did not receive the Annual Report Notice in the mail in 2005.
Please waive the Reinstatement Fee of \$600.

Thank You,



Susan Marfione
Owner/ Vice President



300 CHESTNUT ST.
BRADFORD, PA 16701
USA

PHONE (814) 363-9260 EXT#12
FAX (814) 363-9284
E-MAIL tkomidar@microtechknives.com
WEB SITE <http://www.microtechknives.com>
