


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION 1999-2000 UBR		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000089892			
1. Corporation Name MARNAD E Corp			
2. Principal Office Address 4470 North		3. Mailing Office Address MERIDIAN AVE.	
Suite, Apt. #, etc. Miami Beach		Suite, Apt. #, etc.	
City & State Florida 33140		City & State	
Zip	Country USA	Zip	Country

FILED

00 MAY 10 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

4. Date Incorporated or Qualified To Do Business in Florida 11/01/1996	
5. FEI Number 65-0707791	Applied For 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: MUHAFA, Jose	
Street Address (P.O. Box Number is Not Acceptable) 4470 N MERIDIAN AVE	
Suite, Apt. #, Etc. Miami Beach FL 33140	
City	State FL
Zip Code	

2000003286497-0
-06/13/00--01027--006
****300.00--****300.00

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 <i>[Signature]</i>	Date 5/8/00
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
PSD	MUHAFA Jose C	4470 N MERIDIAN AVE	Miami Beach FL 33140

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: <i>[Signature]</i>	Date 5/8/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # 305 673-3319