

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 APR 15 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 9ab000098073

1. Corporation Name  
MARIAH MANAGEMENT, INC.

2. Principal Office Address  
17 West Pine St.

3. Mailing Office Address  
4428 S.W. 36th Street

Suite, Apt. #, etc.

City & State  
Orlando, FL

Zip Country  
32801 USA

4. Date Incorporated or Qualified To Do Business in Florida  
12-4-96

5. FEI Number  
59-3422257

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  
Christopher Weising

Street Address (P.O. Box Number is Not Acceptable)  
4428 S.W. 36th Street

Suite, Apt. #, Etc.  
000032755750

City  
Orlando

State  
FL

Zip Code  
32811

04/14/04 01853 024 \*\*1050.00

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 [Signature] Date 4/6/04

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
Pres	Christopher Weising	4428 S. Hiawassee Road	Orlando, FL 32835

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] Date 4/6/04 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)