PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **APPLICATION** RIDA DEPARTMENT OF STATE ISION OF CORPORATIONS FILED REINSTATEMENT DOCUMENT # P97000042424 98 JUN 26 AM 8:46 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA MARLENE'S BEST SERVICES, INC. Mailing Address Principal Place of Business 1200 West Avenue N. Bldg. #1018 Miami Beach, Florida 33139 If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE 3. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 2. New Mailing Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) and/or Directors City / State / Zip P/S/D MARLENE SNODGRASS 1200 West Ave. N. Bldg. # 1018 Miami, Fl. 33139 ****150.00 ****150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name RAMONA CORONADO Street Address (P.O. Box Number is Not Acceptable) 7360 Coral Way Ste. 21 Miami, Florida 33155 Suite, Apt. #, Etc. Zip Code State 10. I, being appointed the egistriced agent of the above runned corporation, am familiar with and accept the obligations of Section 607.0505. F.S. 6-11-98 Signature of Registered Agent 11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.) Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. Yes l No on intangible tax.) 13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I re-lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 filling 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., and that all fees owed by the corporation have been paid. 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

MARLENE'S BEST SERVICES, INC.

1200 WEST AVENUE NORTH BLDG #1018 MIAMI BEACH, FLORIDA 33139

June 11, 1998

FLORIDA DEPARTMENT OF STATE Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Re: 1997 Annual corporation report

Gentlemen:

On February 9, 1998 I have sent you a letter to notify you that I had moved, and to advise you to correct your records to reflect the new address for the corporation.

As May 1, 1998 came and went, I did not receive any documents to file an annual corporation report, and when I called you you told me it was going to cost me \$400.00 additional dollars.

I ask you to please accept the attached form, and my check for \$150.00, and to not penalize me for not having received any thing from you.

Thanking you in advance for your understanding, I remain,

Sincerely, Marlene's Best Services, Inc.

Marlene Snodgrass, President