2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jun 16, 2005
Secretary of State

DOCUMENT# P98000077265

Entity Name: MARCARLIVLA, INC.

Current Principal Place of Business:

829 REDROCK STREET, S.E.
PALM BAY, FL 32909

New Principal Place of Business:

855 ATZ ROAD
MALABAR, FL 32950 US

Current Mailing Address:

829 REDROCK STREET, S.E.
PALM BAY, FL 32909

New Mailing Address:

855 ATZ ROAD
MALABAR, FL 32950 US

FEI Number: 59-3534086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIGURA, STEPHANIE
829 REDROCK STREET, S.E.
PALM BAY, FL 32909 US

Name and Address of New Registered Agent:

FIGURA, STEPHANIE
855 ATZ ROAD
MALABAR, FL 32950 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEPHANIE FIGURA 06/16/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: FIGURA, STEPHANIE
Address: 829 REDROCK STREET, S.E.
City-St-Zip: PALM BAY, FL 32909

Title: VPD ( ) Delete
Name: HOOK, JAMES THOMAS
Address: 829 REDROCK STREET, S.E.
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: FIGURA, STEPHANIE
Address: 855 ATZ ROAD
City-St-Zip: MALABAR, FL 32950 US

Title: VPD (X) Change ( ) Addition
Name: HOOK, JAMES THOMAS
Address: 855 ATZ ROAD
City-St-Zip: MALABAR, FL 32950 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE FIGURA PSTD 06/16/2005
Electronic Signature of Signing Officer or Director Date