


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\* FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 27 PM 2:10

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-01/05/01--01024--013  
\*\*\*\*600.00 \*\*\*\*300.00

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P98000097087			
<b>1. Corporation Name</b> MARY JOSEPH inc			
<b>2. Principal Office Address</b> 605# MIRAMAR PKWY Suite, Apt. #, etc. N/A City & State MIRAMAR FL Zip 33023 Country USA		<b>3. Mailing Office Address</b> 605# MIRAMAR PKWY Suite, Apt. #, etc. N/A City & State MIRAMAR FL Zip 33023 Country USA	

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 11/16/98	
<b>5. FEI Number</b> 65-0881230	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name MARY JOSEPH	
Street Address (P.O. Box Number is Not Acceptable) 6047 MIRAMAR PKWY	
Suite, Apt. #, Etc. N/A	
City MIRAMAR FL	State FL
Zip Code 33023	

**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 MJOSEPH Date 12/21/00  
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
President	MARY JOSEPH	6047 MIRAMAR PKWY	MIRAMAR FL 33023

**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:** MJOSEPH MARY JOSEPH 12/22/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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December 5, 2000

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

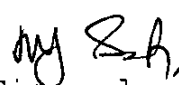
Re: Joseph Kuruville, Inc. and Mary Joseph, Inc.  
Profit Corporation Annual Report 1999 and 2000

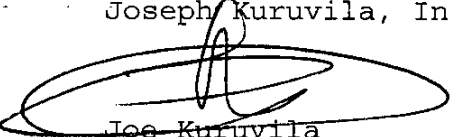
Taxpayer's Assistance:

We did not receive any notices requesting of payment for our corporation annual reports for the years 1999 and 2000.

Enclosed in our checks (\$300.00 for Joe Kuruville, Inc. and \$300.00 for Mary Joseph, Inc.) for the above two referenced years.

Please reinstate the above corporations and excuse this oversight on our part by alleviating the penalties assessed.

  
Sincerely,  
Mary Joseph, Inc.  
Joseph Kuruville, Inc.

  
Joe Kuruville  
Incorporator