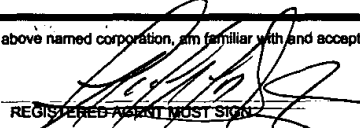
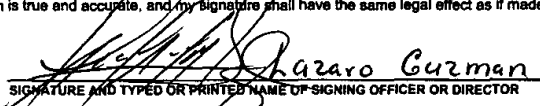


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PA8000105297			
1. Corporation Name Molamark Construction Inc			
2. Principal Office Address 2042 Kensington Run Dr		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando FL		City & State	
Zip 32828	Country Orange	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida Nov 1 1998		5. FEI Number 59-3545286	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Lazaro Guzman			
Street Address (P.O. Box Number is Not Acceptable) 2042 Kensington Run Drive			
Suite, Apt. #, Etc.			
City Orlando		State FL	Zip Code 32828
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 		Date 12/14/01	
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
P	Lazaro Guzman	2042 Kensington Run Dr	Orlando FL 32828
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 12/14/01 Daytime Phone # 321-228-4517	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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MOLAMARK CONSTRUCTION CO.

2042 KENSINGTON RUN DR
ORLANDO, FL 32828

Phone 321-235-9737
Fax: 321-235-0397

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: CORPORATION OF RENISTATEMENT

ATTN: KATERINE HARRIS
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DEAR MRS. HARRIS

MRS. HARRIS, MOLAMARK CONSTRUCTION MOVE ITS PLACE OF OPERATION AND DID NOT RECEIVED THE ANNUAL REPORTS FOR THE CORPORATION RENEWAL. I WILL LIKE TO REINSTATED MY CORPORATION ENCLOSED IS CHECK #4380 FOR THE AMOUNT OF \$150.00 DOLLARS WITH THE CORPORATION REINSTATEMENT FORM.

THANK YOU FOR YOUR ATTENTION ON THIS MATTER IF YOU HAVE ANY QUESTION PLEASE CALL ME AT 321-228-4517.

SINCERELY,


LAZARO GUZMAN
REGISTERED AGENT

LG/ng