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## 2005 FOR PROFIT CORPORATION REINSTATEMENT

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KEINSTATEMENT											
DOCUMENT # P99000023225  1. Entity Name MARIVO INC.						. 1	<b>05</b> SE0	OCT 2	LED 20 PM	8: 39	
Principal Place of Bus	Mailing Address	ailing Address				TAL	7154 17616 7113 0c		IATE		
11322 QUAIL ROOST DRIVE MIAMI, FL 33157		11322 QUAIL ROOST [ MIAMI, FL 33157		0	Th.	1 74 C.S.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C	RETAN Aliass	LE, FL:	ACAS		
2. Principal Place of E	Business	3. Mailing Address					Paire Heas IIII	in Hain kant di			
Suite, Apt. #, etc.	,	Suite, Apt. #, etc.			REMSTATEMENT 005						
City & State		City & State				4. FEI Numbe 65-091	=		No	pplied For ot Applicable	
Zip	Country	Zip	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
ACOSTA, RAFAEL 11322 QUAIL ROOST DRIVE MIAMI, FL 33157				Street Address (P.O. Box Number is Not Acceptable)							
				City Zin Code							
8. The above named entity spormits this statement for the purpose of changing its registers								FL	Zip Cod		
the obligations of r	entity submits this statement to enistered agent.	r the purpose of changing its	register	ed office or	register	ed agent, or bo	th, in the State of Flo	rida. I am fa	ımiliar with,	and accept	
SIGNATURE April Accessor - 10/17/2005 Signature typed or printed name of registered agent and tife if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
EII E NOW	"!!! FEE IS \$150.00				<del>" -</del> -						
	, 2006, Fee will be \$300.0	0					In accordance w corporation did i	rith s. 607. not receive	193(2)(b), the prior r	F.S., the notice.	
10. OFFICERS AND DIRECTORS 11.						ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTOR:	S IN 11	
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	at the information are all and the	this filter stars are a control		-ST-ZIP		-U /	N 61-22- 01-1-1				
12. I hereby certify that the information supplied with this filing does not qualify 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 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 susted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment without address with all other like empowered.  SIGNATURE:  (50.17/2.00.5 (9.5) 238-4886 (10.00.17) (10.0											
<del>-</del>	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIRECT	ROT			/ Date	Dey	time Phone #	<del></del>	

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## marivo tall

Oct 17, 2005

To Whom it may concern:

I am writting to request a wavier because I did not get my annuel report for 2005. when I called the division of corporations thats what

I was advised to do. So I would only pay \$150.00.

Louda

Rafgel Arosta