

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000023225					
1. Entity Name MARIVO INC.					
Principal Place of Business 11322 QUAIL ROOST DRIVE MIAMI, FL 33157			Mailing Address 11322 QUAIL ROOST DRIVE MIAMI, FL 33157		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0915352	
6. Name and Address of Current Registered Agent ACOSTA, RAFAEL 11322 QUAIL ROOST DRIVE MIAMI, FL 33157				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Rafael Acosta</i> (NOTE: Registered Agent signature required when reinstating) DATE: 10/17/2005					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: GONZALEZ, XENIA <input checked="" type="checkbox"/> Delete STREET ADDRESS: 1704 NW 3 TERRACE APT #108 CITY-ST-ZIP: FLORIDA CITY, FL 33034			TITLE: President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Rafael Acosta STREET ADDRESS: 11322 Quail Roost Drive CITY-ST-ZIP: Miami FL 33157		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 400060819434 STREET ADDRESS: 10/20/05--01039--004 CITY-ST-ZIP: **150.00		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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 trustee 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 with an address, with all other like empowered.					
SIGNATURE: <i>Rafael Acosta</i> (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)				10/17/2005 (905) 238-4886 Date Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 05

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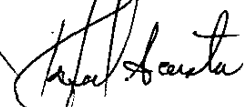
Oct 17, 2005

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.

Thank You


Rafael Acosta