
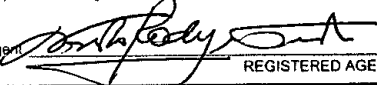
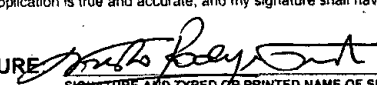


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000056139			
1. Corporation Name MAKRON, INC			
2. Principal Office Address 6600 KINGSPONTE PKWY Suite, Apt. #, etc.		3. Mailing Office Address 6600 KINGSPONTE PKWY Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32819	Country U.S.	Zip 32819	Country U.S.
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 59-3583884	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name NORBERTO DUARTE		200004603232-0	
Street Address (P.O. Box Number is Not Acceptable) 212 CELEBRATION BLVD		09/28/01-01078-006 ****300.00 ****300.00	
Suite, Apt. #, Etc.			
City CELEBRATION		State FL	Zip Code 34747
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 9/9/01	
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
PDT	NELSON G. DEJON	6600 KINGSPONTE PKWY	ORLANDO, FL, 32819
SEC	NORBERTO DUARTE	6600 KINGSPONTE PKWY	ORLANDO, FL, 32819
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 		9/9/01 407-2482626	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

Florida Department of State,

Because we have never received the correspondence to pay the annual report, we failed to pay the annual report.

We kindly request to pay the past due amount without any additional charges. Attached follows check for payment of annual report year 2000 and 2001.

Sincerely,

MAKRON, INC