

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -7 PM 1:45

DOCUMENT # P99000074566

1. Corporation Name

MARAIBI CORP.

2. Principal Office Address

1 BEACH DR SE-

Suite, Apt. #, etc.

STE 220

City & State

ST. PETERSBURG, FL

Zip

Country

33701

USA

3. Mailing Office Address

1 BEACH DR SE

Suite, Apt. #, etc.

STE 220

City & State

ST. PETERSBURG, FL

Zip

Country

33701

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

52-2189451

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THOMAS C. ROBERGE, CPA

Street Address (P.O. Box Number is Not Acceptable)

1 BEACH DR SE

Suite, Apt. #, Etc.

STE 220

City

ST. PETERSBURG

State

FL

Zip Code

33701

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/30/01

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
D, P, S	BIANCA MARCHETTI	1 BEACH DR SE - STE 220 ST. PETERSBURG	ST. PETERSBURG, FL 33701
V.	ERNESTO MARCHETTI	1 BEACH DR SE - STE 220	ST. PETERSBURG, FL 33701

[Handwritten signature]

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]

BIANCA MARCHETTI

4/30/01

727 822 9393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

20f2

- INTERNATIONAL TAXATION -
THOMAS C. ROBERGE & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

BRENT S. MCLEAN, CPA
THOMAS C. ROBERGE, CPA

April 30, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: MARAIBI CORP.

To Whom It Concerns:

I am the new Florida registered agent for Maraibi Corp. Enclosed is the corporation reinstatement form and our check for \$300 to reactivate this corporation with the Florida Department of State. The principal officer of the corporation, Bianca Marchetti, is a citizen and resident of Venezuela. Ms. Marchetti is not fluent in English. She has advised us that she never received the Uniform Business Reports for 2000 and 2001. When we were preparing the corporation's tax return for 2000 we did a search on your website and noticed that the company had been administratively dissolved last year.

Ms. Marchetti wants the corporation to be in good standing with the Florida Department of State. We hereby ask that you not assess late filing penalties since Ms. Marchetti never received the annual reports for 2000 and 2001.

Please contact me at 727 822 9393 if you have questions.

Respectfully submitted



Thomas C. Roberge
Registered Agent for Maraibi Corp.