

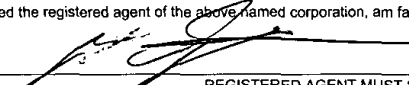
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION AMENDED UBR 2001		FLORIDA DEPARTMENT OF STATE Catherine Harris Secretary of State OFFICE OF CORPORATIONS	
DOCUMENT # P99000108935			
1. Corporation Name MAR-GO INTERIORS INC			
2. Principal Office Address 5434 S.R. 581		3. Mailing Office Address SAME	
Suite, Apt. #, etc. #104		Suite, Apt. #, etc.	
City & State WESLEY CHAPEL		City & State	
Zip 33543	Country PASCO	Zip	Country

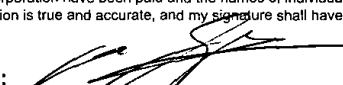
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 2-1-99	Applied For
5. FEI Number 593620970	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 MARIA GORTER (President)	
Street Address (P.O. Box Number is Not Acceptable) 5425 VILLA D'ESTE CRT	
Suite, Apt. #, Etc. 800004586368-7 -09/13/01-01006-012 *****61.25 *****61.25	
City WESLEY CHAPEL FL.	State FL
Zip Code 33543	

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 8-7-01
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
secretary	Lana Panagiotakopoulos	5425 VILLA D'ESTE CRT	WESLEY CHAPEL FL. 33543
PRESIDENT	MARIA GORTER	5425 VILLA D'ESTE	WESLEY CHAPEL FL. 33543

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: 	MARIA GORTER	8-7-01	813 9919660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (9/00)