PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS HORM.

<u> </u>		-LEA	SE KEAD	ALL INS	HUUII	ONS BEFG	uE Á	ÖİAIĞER H	ING I	חוס קעמשטעו.			
	RPORATI STATEM)	Secretary	MENT OF STATE OF STAT	ÄTE			PR 28 PM 12 CHETAIN OF S JAMASSEE PLO			
1. Corporat		-	-424 ANY, INC	07					If View	.,,			
2. Principal Office Address 3. Mailir					g Office Address			- ELECTIVE O1-04					
201 N. Franklin Street					P.O. Box 21				•		erei.	and the second field of the	
Suite, Apt. #, etc. Su Suite 2200				Suite, Apt. #	Suite, Apt. #, etc.				4. Date Incorporated or Qualified				
				City & State	City & State			To Do Business in Florida 4/1/1991					
Tampa, Florida			Tampa, Florida				5. FEI Number Applied For 65-0254548 Not Applied						
Zip 33602	2 Country U.S.A.		Zip 33601				6. CERTIFICATE				Fee required of Status		
				7.	Name and A	ddress of Current F	Registere	d Agent					
	Name												
	William C. McLean, Jr. 10034136531 Street Address (P.O. Box Number is Not Acceptable) 04/27/04-01033-018 ***431.00											0.00	
	201 N. Franklin Street Suite Apt. # Etc.												
	Suite 2200								ı				
	City Ta	ampa							State FL	Zip Code 33602			
8. I, being	appointed the	registere	agent of the ab	ove named corp	oration, am fa	amiliar with and acce	pt the obl	igations of section	on 607.056	05 or 617.0503, F.S.		90/8	
Signature of Registered Agent REGISTERED AGENTIUST SIGN								Date 4-26-04					
9. Names	and Street Ac	dresses c	f Each Officer ar	nd/or Director (FI	orida nonprof	it corporations must	list at leas	st 3 directors)			- ·		
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director			City / State / Zip					
PT	William C. McLean, Jr.				201 N. Franklin St., #2200			#2200	Tampa, FL 33602				
VPS	Irene Denker				2358 Ecuadorian Way, Unit #2			Clearwater, FL 33763					
!													
													
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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: **DELICITIES** **D													
JIGNAT					SIGNING OFF	ICER OR DIRECTOR	1/	~ ~ ~ ·	Date	Davtim	a Phone #	····	

GRAY ROBINSON

and the second

Suite 2200 201 N. Franklin Street (33602)

POST OFFICE BOX 3324
TAMPA, FL 33601

TEL 813-273-5000 FAX 813-273-5145 gray-robinson.com

LAKELAND MELBOURNE

Orlando Tallahassee

CLERMONT

KEY WEST

 T_{AMPA}

William C. McLean, Jr.

813-273-5050

BMCLEAN@GRAY-ROBINSON.COM

April 26, 2004

VIA FEDEX

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: Mary Mining Company, Inc.

FEI No. 65-0254548

Dear Sir/Madam:

Enclosed please find a Corporation Reinstatement form for the above-referenced corporation, together with a check in the amount of \$450.00.

Please be advised that I have not received annual report forms for 2002, 2003 or 2004. As such, I would appreciate your waiving the reinstatement fee.

Should you have any questions or require anything further, please contact me.

Sincerely,

William C. McLean, Jr.

WCMJR/Imr Enclosures