

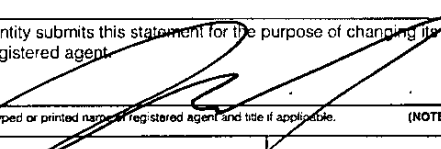
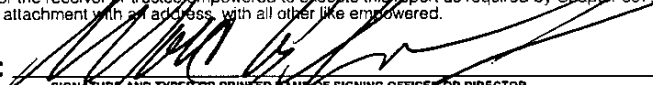


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 DEC. 20 PM 2:37

DOCUMENT # F95000005000 1. Entity Name MERCURY CAPITAL CORP.					
Principal Place of Business 317 MADISON AVE #1100 NEW YORK, NY 10017		Mailing Address 317 MADISON AVE #1100 NEW YORK, NY 10017		REINSTATEMENT <i>04</i>	
2. Principal Place of Business 380 LEXINGTON AVE Suite, Apt. #, etc. 2020 City & State New York NY Zip 10168 Country US		3. Mailing Address 380 LEXINGTON AVE Suite, Apt. #, etc. SUITE # 2020 City & State New York, NY Zip 10168 Country US		 10222004 REIN-P CR2E098 (6/04)	
6. Name and Address of Current Registered Agent BENNETT, JOSH N ESQ 200 S BISCAYNE BLVD #1050 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name: JEFFREY MESHTEL Street Address (P.O. Box Number is Not Acceptable) 1000 S. POINT DR SUITE 1601 City: St Beach FL 33139	
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:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: 12/7/04	
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPV MESHTEL, JEFFREY 317 MADISON AVE #1100 NEW YORK, NY 10017	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	380 LEXINGTON AVE # 2020 New York NY 10168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCST GLEITMAN, MARC P 317 MADISON AVE #1100 NEW YORK, NY 10017	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	380 LEXINGTON AVE # 2020 New York, NY 10168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000042898490 11/19/04--01038--010 **750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 11/15/04 Daytime Phone #: 212 661 8900	