


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -3 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K29203

1. Corporation Name
MI-DEAR CORP.

2. Principal Office Address 351 MALLARD ROAD Suite, Apt. #, etc.	3. Mailing Office Address 351 MALLARD ROAD Suite, Apt. #, etc.
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City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
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Zip 33327-1124	Country USA	Zip 33327-1124	Country USA
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4. Date Incorporated or Qualified
To Do Business in Florida 07/21/1988

5. FEI Number 65-0073474	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

REINSTATEMENT *05/04*

7. Name and Address of Current Registered Agent

Name
BRUCE MICHELSON

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

Suite, Apt. #, Etc.

City
FT. LAUDERDALE

State
FL

Zip Code
33327-1124

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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 *Bruce Michelson* **REGISTERED AGENT MUST SIGN**

Date 4/26/04

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
DPT	MICHELSON, EDWARD	2427 TARGHEE PT	LAFAYETTE, CO 80026-3447
DV	MICHELSON, ROGER	10006 W BROADVIEW DRIVE	BAY HARBOR ISLANDS FL 33154
DS	MICHELSON, BRUCE	351 MALLARD ROAD	FT LAUDERDALE FL 33327-1124

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: *Bruce Michelson* **BRUCE MICHELSON**

Date 4/26/04 **Daytime Phone #** 954 3497164

CR2E081 (01/04)