PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 05 AR

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL 15 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000075522

300057516203
07/15/05--01034--001 **175.00

1. Corporation Name
MURIAN HOLDINGS INC

2. Principal Office Address	3. Mailing Office Address
KESWICK COURT	KESWICK COURT
Suite, Apt. #, etc. 2602	Suite, Apt. #, etc. 2602
City & State KISSIMMEE FL	City & State KISSIMMEE FL
Zip 34744 Country U.S.A	Zip 34744 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 5TH MAY 04

5. FEI Number ☐ 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: COHN SCOTT E ESQ

Street Address (P.O. Box Number is Not Acceptable): 315 S.E. 7TH STREET 2ND FLOOR

Suite, Apt. #, Etc.:

City: FT LAUDERDALE State: FL Zip Code: 33301

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 7/8/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
MR	IAN. R. JONES	2602 KESWICK COURT	KISSIMMEE FL 34744
MR	IVOR D. JONES	2602 KESWICK COURT	KISSIMMEE FL 34744
			7/7/20

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: _____ IAN. R. JONES 07.05.05 407 348 9166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MURIAN HOLDINGS INC
2602 KESWICK COURT
KISSIMMEE
FLORIDA USA
34744

DEAR SIR/MADAM,

I WISH TO INFORM YOU OF THE FOLLOWING

(1) I HAVE NEVER RECEIVED AT THE ABOVE ADDRESS NEITHER HAS MY REGISTERED AGENT

SCOTT COHN . E. ESQ
315 SE 7TH STREET
2ND FLOOR
FT LAUDERDALE FLORIDA USA
33301

A NOTICE OF RENEWAL.

(2) DOCUMENT # P04000075522 CANNOT BE USED ON THE INTERNET.

I ENCLOSE CHECK AS REQUESTED FOR THE SUM OF $175.00¢ (ONE HUNDRED & SEVENTY FIVE).

MANY THANKS FOR YOUR ASSISTANCE

YOURS SINCERELY

IAN. JONES PRESIDENT

10TH JULY 2005