

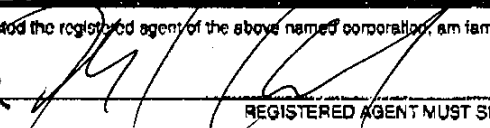
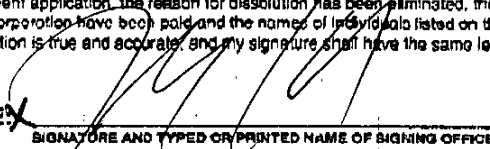
CAPITAL CONNECTION

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12/21 '00 12:04 NO.438 02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|  <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                  | FILED<br>SECRETARY OF STATE<br>DIVISION OF CORPORATIONS<br><br>01 JAN -2 PM 1:56                                                                                                                                                                                                                                                                                                                                  |                        |                                   |                                                |                    |                    |                    |                                   |                        |           |                 |                                    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>DOCUMENT #</b> P97000077224<br><b>1. Corporation Name</b><br>Mark T. Kobelinski & Associates, P.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                   |                                                |                    |                    |                    |                                   |                        |           |                 |                                    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2. Principal Office Address</b><br>999 Ponce De Leon Blvd.<br>Suite, Apt. #, etc.<br>1135<br>City & State<br>Coral Gables, FL<br>Zip<br>33134<br>Country<br>USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3. Mailing Office Address</b><br>999 Ponce De Leon Blvd.<br>Suite, Apt. #, etc.<br>1135<br>City & State<br>Coral Gables, FL<br>Zip<br>33134<br>Country<br>USA | 100003524571--0<br>-01/05/01--01024--018<br>*****450.00 *****450.00<br><br><b>4. Date Incorporated or Qualified To Do Business in Florida</b> 7-8-97<br><b>5. FEI Number</b> 65-0783165<br>Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/><br><b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |                        |                                   |                                                |                    |                    |                    |                                   |                        |           |                 |                                    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>7. Name and Address of Current Registered Agent</b><br>Name<br>MARK T. Kobelinski<br>Street Address (P.O. Box Number is Not Acceptable)<br>999 Ponce De Leon Blvd.<br>Suite, Apt. #, Etc.<br>1135<br>City<br>Coral Gables<br>State<br>FL<br>Zip Code<br>33134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                   |                                                |                    |                    |                    |                                   |                        |           |                 |                                    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>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.</b><br>Signature of Registered Agent  Date 12/21/00<br>REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                   |                                                |                    |                    |                    |                                   |                        |           |                 |                                    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Director/President</td> <td>Mark T. Kobelinski</td> <td>999 Ponce De Leon Blvd Suite 1135</td> <td>Coral Gables, FL 33134</td> </tr> <tr> <td>Secretary</td> <td>Mary Kobelinski</td> <td>999 Ponce De Leon Blvd. Suite 1135</td> <td>Coral Gables, FL 33134</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>            |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                   | Title                  | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip | Director/President | Mark T. Kobelinski | 999 Ponce De Leon Blvd Suite 1135 | Coral Gables, FL 33134 | Secretary | Mary Kobelinski | 999 Ponce De Leon Blvd. Suite 1135 | Coral Gables, FL 33134 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Name of Officers and/or Directors                                                                                                                                | Street Address of Each Officer and/or Director                                                                                                                                                                                                                                                                                                                                                                    | City / State / Zip     |                                   |                                                |                    |                    |                    |                                   |                        |           |                 |                                    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Director/President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Mark T. Kobelinski                                                                                                                                               | 999 Ponce De Leon Blvd Suite 1135                                                                                                                                                                                                                                                                                                                                                                                 | Coral Gables, FL 33134 |                                   |                                                |                    |                    |                    |                                   |                        |           |                 |                                    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Mary Kobelinski                                                                                                                                                  | 999 Ponce De Leon Blvd. Suite 1135                                                                                                                                                                                                                                                                                                                                                                                | Coral Gables, FL 33134 |                                   |                                                |                    |                    |                    |                                   |                        |           |                 |                                    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>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)(f), 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.</b><br>SIGNATURE  12/21/00 305-461-5255<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                   |                                                |                    |                    |                    |                                   |                        |           |                 |                                    |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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MARK T. KOBELINSKI & ASSOCIATES, P.A.  
ATTORNEYS AT LAW  
999 PONCE DE LEON BOULEVARD  
GABLES CITITOWER, SUITE 1135  
CORAL GABLES, FLORIDA 33134  
305 461-5255  
FAX 305 461-5236

December 21, 2000

**VIA FED EX DELIVERY**

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

**Re: Reinstatement/Annual Filing/Waiver Letter**

Dear Division of Corporations:

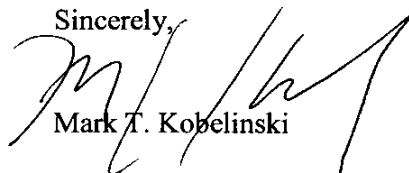
Attached please find the completed corporation form with our check in the amount of \$450.00. The enclosed check represents payment for 1999, 2000 and 2001 filings.

On September 2, 1999 we inquired as to amending our company name and change in address. We were instructed to submit a letter specifying our request together with a \$10.00 check. At the time, we were not advised that any additional filing was due. We would have taken care of it at that time. I am also enclosing a copy of said letter dated September 2, 1999 together with a copy of the canceled check in the amount of \$10.00. It was our understanding that our names and addresses had been updated, as requested. However, to our surprise, we recently found out that our company is now listed as "inactive" and the former address still remains in your records. The notices of annual reporting never reached us, because they were mailed to the wrong address.

Kindly accept the amount enclosed as payment for the reinstatement for 1999 and 2000; as well as payment in advance for 2001. Please update your records accordingly as to our current address which is ***999 Ponce De Leon Boulevard, Suite 1135, Coral Gables, FL 33134.***

If you have any questions concerning this matter, please do not hesitate to call upon me.

Sincerely,



Mark T. Kobelinski

MTK/mm