

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 22 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9800001993

1. Corporation Name

MUTUAL HOLDINGS, Inc

2. Principal Office Address

837 4th Street

Suite, Apt. #, etc.

#4

City & State

Miami Beach, F

Zip

33139

Country

Dade

3. Mailing Office Address

837 4 Street

Suite, Apt. #, etc.

#4

City & State

Miami Beach FL

Zip

33139

Country

Dade

4. Date incorporated or Qualified To Do Business in Florida

Mar 3, 1998

5. FEI Number

65-0817558

Applied For -

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Surcharges fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas Sherman PA

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

218 Almeria Ave

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date 10/18/01

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
Pres	Kurtis Moody	837 4 St #4 Miami Beach, FL	Miami Beach, FL 33139
Secy	ARDYN Moody	837 4 St #4	Miami Beh. FL 33139

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***750.00 ***750.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

10/17/01

305 532 6800
Daytime Phone #

CR21811 (9/01)