


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN 29 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA8 000095237

1. Corporation Name
The Ulashe Group
~~W05000027197~~

2. Principal Office Address
0525 Crown Colony Pl
Suite, Apt. #, etc. #101
City & State Naples, FL
Zip 34108 Country USA

3. Mailing Office Address
0525 Crown Colony Pl.
Suite, Apt. #, etc. #101
City & State Naples, FL
Zip 34108 Country

REINSTATEMENT CR2E081 (12/05) 03-06

4. Date Incorporated or Qualified To Do Business in Florida 3-1-99

5. FEI Number 05-05715410 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: Louis Ulashe
Street Address (P.O. Box Number is Not Acceptable): 0525 Crown Colony Place
Suite, Apt. #, Etc. #101
City: Naples State: FL Zip Code: 34108

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: *[Signature]* Date: 6/26/06
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Louis Ulashe	0525 Crown Colony Pl #101	Naples, FL 34108

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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 corporation 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 contained in Chapter 119, 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]* Date: 6/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LOU ULASHE, PRESIDENT

BURTON PARTNERS LLC
Certified Public Accountants and Consultants

Page 2

LAWRENCE B. IRWIN
RICHARD D. NIVISON
RICARDO PERDOMO

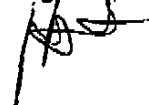
June 7, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Dear Sirs:

We are the accountants for The Vlasho Group. The corporation was dissolved in 2002 and they have not received an annual report notice for that year or any of the subsequent years.

Regards,



Lawrence B. Irwin
LBI/jja

Member of the

BURTON

Group