
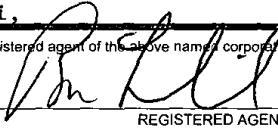


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

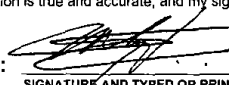
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 SEP 10 PM 2:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 448155					
1. Corporation Name Three I Corporation					
2. Principal Office Address 8783 N.W. 140 Lane Suite, Apt. #, etc. City & State Miami, Florida Zip 33018			3. Mailing Office Address P.O. Box 127119 Suite, Apt. #, etc. City & State Miami, Florida Zip 33012		
Country USA			Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					

86-01

7. Name and Address of Current Registered Agent	
Name Bruce Lamchick	700004593797-9
Street Address (P.O. Box Number is Not Acceptable) 9130 S. Dadeland Blvd	-09/17/01--01078--007 ***2467.50 ***2467.50
Suite, Apt. #, Etc. #1101	
City Miami,	State FL
	Zip Code 33156

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 5/24/07
REGISTERED AGENT MUST SIGN	

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
P.D	Sunil Mayani	P.O. Box 127119 Miami, Florida	Miami, Florida 33012

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: 	SUNIL MAYANI	5/24/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #