

12:38 JUL 26, 2001

TEL NO: 476-0158


#0930 PAGE: 2/3

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # KG9 000005229 1. Corporation Name MIAMI GROUP INTERNATIONAL, INC			
2. Principal Office Address 3050 WINDMILL RANCH RD Suite, Apt. #, etc.		3. Mailing Office Address 3050 WINDMILL RANCH RD Suite, Apt. #, etc.	
City & State WESTON, FL.		City & State WESTON, FL.	
Zip 33331	Country BROWARD	Zip 33331	Country BROWARD
4. Date Incorporated or Qualified To Do Business in Florida 10/11/1999		5. FEI Number 65-0950583 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD Suite, Apt. #, Etc. City PLANTATION State FL Zip Code 33324			
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 PETER F. SOUZA ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN Date 8/22/01			
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
P/D	PETER A. FREYMUTH	3050 WINDMILL RANCH RD	WESTON, FL. 33331
S/T	— " —	— " —	— " —
			100004563381 -08/30/01--01002--011 *****83.75 *****83.75
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: P. A. Souza SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR		Date 8/22/01 Daytime Phone # (786) 247-1224	

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Miami Group International, Inc.

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- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input checked="" type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input checked="" type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

8/24/01

Order#: 4750004

Ref#: _____

Amount: \$ _____

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 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 2001 AUG 24 AM 11:02
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