PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

				الياسالا
CORPORATION REINSTATEMENT	Sec	EPARTMENT OF STATE cretary of State n of corporations		HAR -9 AMII: 29 SECRETA V. OF STATE LLAHASSEE FLORIDA
DOCUMENT # F990		RNATIONAL NC.		TORIDA
•	- · · · · · · · · · · · · · · · · · · ·			
2. Principal Office Address	3. Mailing Offic	e Address		
2714 DAKMONT			MENN	Statement 03-
Suite, Apt. #, etc.	Suite, Apt. #, etc		4. Date incorp	porated or Qualifled
City & State	City & State	e e e e e e e e e e e e e e e e e e e		ness in Florida /0///////////////////////////////////
WESTON, FL		······································	5. FEI SUITION	0950583 / Applied F
3333 2 Country USA	Zip	Country	6	E OF STATUS DESIRED S8 75: Additional Fee r
3000 7 11 11	7. Nan	ne and Address of Current Regi	stered Agent	
Name C - C	110011			
Street Address (P.O. Box Nu	RPORATION	, , , , , , , , , , , , , , , , , , ,	30	00030595213 /0401016004 **150 . 00
Street Address (P.O. Box Nur 1200 Suite, Apt. #, Etc.	south fine 1.	SLAND RD	03/17	/0401016004 **150, 00
Suite, Apr. #, Civ.				
City PLANTA	10N, FL. 3			State Zip Code FL 33324
8. I, being appointed the registered agent of	of the above named corpora	ion, am familiar with and accept t	the obligations of secti	ion 607.0505 or 617.0503, F.S.
Signature of	10	James	A. Bordona	ro Date 3/8/04
Registered Agent	REGISTERED AGE	Must sign Assist	ant Secreta	ry ·
9. Names and Street Addresses of Each	Officer and/or Director (Florid	a nonprofit corporations must list	at least 3 directors)	T
Titles Name of Officers and/or		Street Address of Officer and/or Dir		City / State / Zip
PHISIPIC PETER A	FREYMUTH	2714 OAKMONT		WESTON, FC. 33332
			T resum . Why	
			30	0030595213
			<u>U3/17</u>	<u>'/0401016005 **158.75</u>
40 handis about an artist of	the receives as trustee	powered to avanute this application	n as provided for in the	papter 607 or 617, F.S. I further certify that when fi
this reinstatement application, the reas	on for dissolution has been e	diminated, the corporate name sa	tisfies the requirement	ts of section 607.0401 or 617.0401, F.S., that all fider section 119.07(3)(i), F.S. The information indicates the control of t
on this application is true and accurate	, and my signature shall have	the same legal effect as if made	under oath.	, ,,,,
SIGNATURE: Y.A.	/			3/3/04 786.247.122
SIGNATURE: SIGNATURE AND IX	ED OR PRINTED HAME OF OR	SNING OFFICER OF DIRECTOR		Date Daytime Phone #

MIAMI GROUP INTERNATIONAL INC.

2714 Oakmont Weston, Fl. 33332 (arr 2 to 2) 7 786.247.1224 (matter 1 to 2) 6

Florida Department of State Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, Fl. 32314

194 Fall

Subj.: Corporation Reinstatement

To whom it may concern:

Enclosed please find completed application for corporation reinstatement and filing fee in the amount of \$158.75. I respectfully ask that the reinstatement fee be waived as the corporation moved to another address and never received a notice. I mistakenly believed that our registered agent would keep the Secretary of State informed as to any address changes.

Respectfully yours,

Peter A. Freynouth