
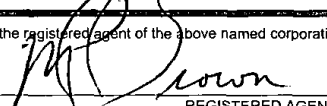


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G03291			
1. Corporation Name M.P. BROWN & ASSOCIATES, IN.			
2. Principal Office Address 20121 NE 16th Place		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33179	Country Dade	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 1982		5. FEI Number 59-2233324	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Michael P. Brown			
Street Address (P.O. Box Number is Not Acceptable) 21231 NE 19th Avenue			
Suite, Apt. #, Etc.			
City North Miami Beach		State FL	Zip Code 33179
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 9/14/01	
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/S	Michael P. Brown	21231 NE 19th Avenue	Miami, FL, 33179
V/T/D	Bonnie J. Novak	21231 NE 19th Avenue	Miami, FL, 33179
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: Michael P. Brown		Date 9-14-01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 305-770-1105	

APPROVED
AND
FILED

01 SEP 17 PM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99-01

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