


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 APR 12 PM 3:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # J31829				
1. Corporation Name MUA, INC.				
2. Principal Office Address 5455 SW 8 TH ST.		3. Mailing Office Address		
Suite, Apt. #, etc. SUITE 220		Suite, Apt. #, etc. P.O. BOX 14-0729		
City & State MIAMI, Florida		City & State CORAL GABLES, FL.		
Zip 33134	Country USA	Zip 33114	Country USA	
4. Date Incorporated or Qualified To Do Business In Florida 09-05-1986				
5. FEI Number 42-1664151			Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent				
Name Vidal MARINO VELIS				
Street Address (P.O. Box Number is Not Acceptable) 5455 SW 8 TH STREET				
Suite, Apt. #, Etc. SUITE 220				
City MIAMI		State FL	Zip Code 33134	
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 <i>Vidal Marino Velis</i>			Date 4-7-05	
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	Vidal MARINO VELIS	5455 SW 8 TH ST. SUITE 220		MIAMI, Florida 33134
S-D	JOSEFA M. VELIS	5455 SW 8 TH ST SUITE 220		MIAMI, Florida 33134
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: <i>Vidal Marino Velis</i>		4-7-05 (305) 444-1148		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	

CR2E061 (01/06)