

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR 28 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***1658.75 ***1658.75

DOCUMENT # **P48000100842 L81088**

1. Corporation Name

Miami Monogram, Inc
13342 SW 125 St
Miami, FL 33186

2. Principal Office Address

13342 SW 125 St
Suite, Apt. #, etc. **/**

3. Mailing Office Address

Same
Suite, Apt. #, etc. **/**

City & State

Miami

City & State

FL

Zip

33186

Country

USA

Zip

33186

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/1/00

5. FEI Number

05-0193827

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ **\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Barry Gordin

Street Address (P.O. Box Number is Not Acceptable)

13567 SW 112 LN

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **3/1/00**

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
D	Christopher Villerman	19500 Turnberry way #17B	Aventura FL 33180
D	Patty Gordin	13567 SW 112 LN	Miami FL 33186
D	Barry Gordin	13567 SW 112 LN	Miami FL 33186

REINSTATEMENT 94-00

TS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry Gordin

3/1/00

Date


(305) 235-4115

Daytime Phone #

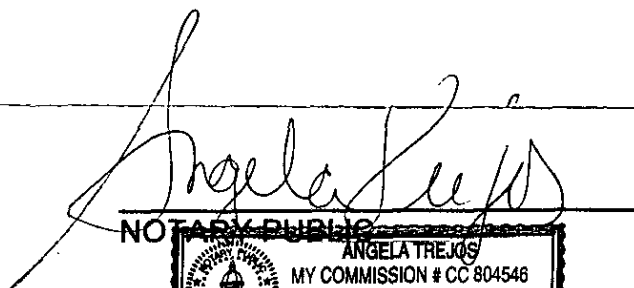
AFFIDAVIT

BEFORE ME, the undersigned authority personally appeared, BARRY S. GOLDIN, a person well known and identified to me, and after being duly sworn and cautioned, affirms as follows:

1. That the undersigned is the sole shareholder of MIAMI MONOGRAM, INC. (F/K/A NANA BANANA HEAD, INC.), a Florida Corporation, Document #P98000100842.
2. That the undersigned hereby waives any objection to the use of the name MIAMI MONOGRAM, INC., by MIAMI MONOGRAM, INC., (a dissolved Florida Corporation), Document #L81088, established in 1994, and hereby grants permission and authority for said MIAMI MONOGRAM, INC. (a dissolved Florida Corporation), to be reinstated with the continued use of the name MIAMI MONOGRAM, INC.


 BARRY S. GOLDIN

SWORN TO AND SUBSCRIBED before me the 10 day of March 2000, at Miami-Dade County, Florida


 NOTARY PUBLIC
 ANGELA TREJOS
 MY COMMISSION # CC 804546
 EXPIRES: April 2, 2003
 Bonded Thru Notary Public Underwriters