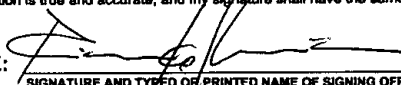


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M16531			
1. Corporation Name R. MUCENIC INC			
2. Principal Office Address 10295 COLLINS AV Suite, Apt. #, etc. 510 City & State PAL HARBOR FL Zip 33154 Country US		3. Mailing Office Address 10295 COLLINS AV Suite, Apt. #, etc. 510 City & State PAL HARBOR FL Zip 33154 Country US	
4. Date Incorporated or Qualified To Do Business in Florida 6/10/85		5. FEI Number 59539085 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 RICARDO MUCENIC			
Street Address (P.O. Box Number is Not Acceptable) 10295 COLLINS AV			
Suite, Apt. #, Etc. 510			
City PAL HARBOR		State FL	Zip Code 33154
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 9/10/01	
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
RT/S	RICARDO MUCENIC	10295 COLLINS AV #510	PAL HARBOR FL 33154
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)(l), 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: 		Date 9/10/01 (09) 586 3630	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED

01 SEP 12 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR02001 (9/00)

REINSTATEMENT 96-01 TS