


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N 9700000 5267	
1. Corporation Name MRC PARENTS ASSOCIATION INC	
2. Principal Office Address 265 GUADALUPE DRIVE	3. Mailing Office Address 265 GUADALUPE DR
Suite, Apt. #, etc. APT #115	Suite, Apt. #, etc. APT #115
City & State KEY BISCAYNE, FL	City & State KEY BISCAYNE, FL
Zip 33149	Country USA

REINSTATEMENT 98-01

4. Date Incorporated or Qualified To Do Business in Florida SEPT 16, 1997	Applied For <input type="checkbox"/> Not Applicable
5. FEI Number 05-0782927	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 A. SCOTT MILLER	
Street Address (P.O. Box Number is Not Acceptable) 265 GUADALUPE DR	
Suite, Apt. #, Etc. APT 115	
City KEY BISCAYNE	State / Zip Code FL 33149

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 A Scott Miller	Date 10/30/01
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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
DI PRES	SARL MARTINEZ	101 BUTTOWOOD DR	KEY BISCAYNE FL 33149
DI SPT	PEGGY GARCIA	105 E. LAUD DR	KEY BISCAYNE FL 33149
DI TRS	A. SCOTT MILLER	265 GUADALUPE DR APT 115	KEY BISCAYNE FL 33149

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: A Scott Miller	Date 10/30/01	Daytime Phone # 305-715-7000
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)