

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P00000048354		
1. Corporation Name MIMAR ARCHITECTURE, INC.		

2. Principal Office Address 300 RICE ST.	3. Mailing Office Address		
Suite, Apt. #, etc. SUITE #7	Suite, Apt. #, etc.		
City & State MIAMI, FL	City & State		
Zip 33133	Country USA	Zip	Country

02 NOV 13 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

6000006968566
11/13/02--01063--008 **900.00

4. Date Incorporated or Qualified To Do Business in Florida	05/16/2000
5. FEI Number 65-1011453	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name ROBERT A. SERRONE, ESQ.			
Street Address (P.O. Box Number is Not Acceptable) 2200 N. COMMERCE PKWY			
Suite, Apt. #, Etc. SUITE# 206		City WESTON	State FL Zip Code 33326

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 **10-29-02**

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
PD	ALI SINAN VEZIROGLU	11255 SW 127 ST	MIAMI, FL 33176
VD	DENIZ S. VEZIROGLU	11255 SW 127 ST	MIAMI, FL 33176

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:  SINAN VEZIROGLU 11.05.02 305-446-8702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

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