


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
05 AUG -9 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000051368

1. Corporation Name

MS MANAGEMENT INTERNATIONAL CORP.

2. Principal Office Address

2033 W. McNAB ROAD

3. Mailing Office Address

2033 W. McNAB ROAD

Suite, Apt. #, etc.

SUITE H & G

Suite, Apt. #, etc.

SUITE H & G

City & State

POMPANO BEACH, FLORIDA

City & State

POMPANO BEACH, FLORIDA

Zip

33069

Country

Zip

33069

Country

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

5. FEI Number

65-1016991

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

ROZENCWAIG & FERRERO-CARR

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

301 W. HALLANDALE BEACH BLVD.

Suite, Apt. #, Etc.

City

HALLANDALE BEACH

State
FL

Zip Code
33009

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**

REGISTERED AGENT MUST SIGN

Date

8/4/05

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
PSD	MARIO SHLESINGER	2033 W. McNAB RD. SUITE H & G	POMPANO BEACH, FL 33069
TD	EDITH SHLESINGER	2033 W. McNAB RD. SUITE H & G	POMPANO BEACH, FL 33069

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

Date

Daytime Phone #

CR2E081 (01/05)

* RA is GP0306002678 *