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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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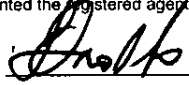
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REINSTATEMENT 101-06

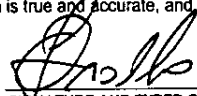
CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000056875					
1. Corporation Name Cami Group, Inc					
2. Principal Office Address 5334 PINE TREE DR Suite, Apt. #, etc.			3. Mailing Office Address (SAME) Suite, Apt. #, etc.		
City & State MIAMI BEACH, FL			City & State MIAMI		
Zip 33140	Country DADE	Zip	Country		

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	<input checked="" type="checkbox"/> 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 Camelia Mitrofan			
Street Address (P.O. Box Number is Not Acceptable) 5334 PINE TREE DR.			
Suite, Apt. #, Etc.			
City MIAMI	State FL	Zip Code 33140	City BEACH

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 Jan 10 2006
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
Pres	Camelia Dnolfo	5334 PINE TREE DR	MIAMI BEACH, FL 33140

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 contained in Chapter 119, 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: 	Jan 10 2006 (786) 572-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

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CAMI GROUP, INC

JANUARY 10 2006

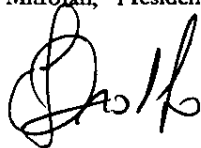
Dear Secretary of State, Department of Corporation Reinstatement.

Please waive my late fees as I have been on a foreign country business assignment with my husband and did not receive any notices.

Please activate CAMI GROUP, INC as I am back in the US and working on projects.

Thank you.

Cami Mitrofan, President

A handwritten signature in black ink, appearing to read 'Cami Mitrofan', written over the printed name.