		PLEASE READ	ALL INS	TRUCT	IONS	BEFORE (COMPLET	ING/用HIS/EORM.		
	PLICAT FOR ISTATE	ION	FLORIDA DEPARTMENT OF ST. Katherine Harris Secretary of State DIVISION OF CORPORATIONS			NT OF STATE rris tate	1	FLED ST 25 AM 9: 10		
DOCUMENT # P0000083981 1. Corporation Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
MIAMI	OFFICES	ARENT.COM, IN	IC.				į	N. S. HIJA		
Principal Place of Business Mailing Addr							-			
					CONCOURSE, SUITE 201 R ISLANDS FL 33154			1		
If above a	addresses are	incorrect in any way, line thr	ough incorrect i	nformation	and enter	correction below.	EP			
New Principal Office Address, If Applicable 3. New Mallis					ng Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 09/06/2000		
Suite, Apt.		<u> </u>	Suite, Apt, #, etc.			5. FEI Number Applied For		_		
Zip Country			Zip Country			у	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required			
7. Names	and Street Ad	dresses of Each Officer and	or Director (Fig	orida nonpro	ofit corpora	ations must list at lea	ast 3 directors)	for a Certificate of Status		
Title(s)		Name of Officers and/or Directors		Ī	Str	eet Address of Each)	City / State / Zip		
<u>1</u>	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			1111 KANE CONC				BAY HARBOR ISLANDS FL 33154	\exists	
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									1	
8. Name and Address of Current Registered Agent Name							9. Name and	Address of New Registered Agent		
WIESCHOLEK,						Street Address (P.O. Box Number is Not Acceptable)				
1111 KANE CONCOURSE, SUITE 201 BAY HARBOR ISLANDS FL 33154						Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				
DATE	ANDON IOLA	NDS FL 53154				City		State Zip Code	1	
		h						FL	_	
10. I, being Signature c		Registered agent of the abo	ve named corpo	oration, am	familiar wi	th and accept the ob	oligations of Sect	ion 607.0505, F.S.		
Registered	Agent	RE	GISTERED AG	ENT MUST	SIGN	עשו בשו נו נו ני		Date	-	
11 00016	that I am an a	ffines or director or the recei				this application as a		nature 607 and 617. E.C. I forther and for the total or filling	┑	

this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 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 REHARION STO (Provident)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

10/20/01 305-868-0505 Date Daytime Phone #



1111 Kane Concourse, Suite #201, Bay Harbor Islands, Florida 33154

October 22, 2001

Division of Corporations Annual Report / Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Re:

MIAMIOFFICES4RENT.COM, INC.

Document #: P00000083981

Dear Sir / Madam,

I am in receipt of you letter, dated September 21, 2001, dissolving the above referenced corporation.

However, I never received any notifications in the mail prior to this letter. Therefore, enclosed is a completed Application for Reinstatement together with a check in the amount of \$150.00. Please reinstate the corporation at your earliest convenience.

If you have any questions, please contact me at 305-868-0505.

Sincerely.

Marion Ott

Dynamic Realty Group, Inc.