PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 03 AUG -5 AHII: 16 FLORIDA DEPARTMENT OF STATE **CORPORATION** Secretary of State SECRETARY OF STATE TALLAHASSEE FLORIDA REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # P00000091105 1. Corporation Name SOUTHERN OXYGEN INCORPORATED 900022259039 08/12/03--01063--010 **150.00 2. Principal Office Address 3. Mailing Office Address 411 S.E. 82nd PLACE Suite, Apt. #, etc. Suite. Apt. #. etc. Date Incorporated or Qualified To Do Business in Florida 09/26/00 City & State City & State 5. FEI Number OCALA, ELORIDA, 65-1066906 Not Applicable Country CERTIFICATE OF STATUS DESIRED 34471 **MARION** 7. Name and Address of Current Registered Agent ANDREW S. ESCOBAR Street Address (P.O. Box Number is Not Acceptable) 411 S.E. 82nd PLACE Suite, Apt. #, Etc. Zip Code State **OCAL** 34480 of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. 8. I, being appointed the Signature of 03/17/03 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Titles City / State / Zip Officers and/or Directors Officer and/or Director 411-S.E. 82nd PEACE----PRES ANDREW S. ESCOBAR -- ---OCALATFLORIDA 34480 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 filling this reinstatement application, the reason of 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 notividuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

mature shall have the same legal effect as if made under oath.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and more

SIGNATURE AND

SIGNATURE:

21515

DAVID A. YOUNG. JR.

CERTIFIED PUBLIC ACCOUNTANT

1243 SOUTHEAST 22ND AVENUE OCALA, FL 34471-2661

PHONE:352-622-8532 FAX: 352-622-2654 CELL: 352-895-4873

March 21, 2003

Department of State Division of Corporations P. O. Box 6327 Tallahassee, Fl 32314

Re: Southern Oxygen Incorporated P00000091105

Gentlemen:

I am enclosing the corporation reinstatement form for the above referenced company, along with the annual registration fee of \$150, in accordance with the instructions received from your office.

I am also requesting that this corporation be reinstated without being required to pay the reinstatement fee. The corporation initially maintained offices at 3925 Southeast 45th Court, Suite F, Ocala, Florida. That lease was terminated in 2001, and the company moved to its present location. They experienced difficulty with their mail being forwarded and as a result did not receive the 2002 Uniform Business Report form.

We respectfully request a waiver of the additional charges.

Sincerely,

David A. Young, JA

Certified Public Accountant

DAYJr:jy

Enclosures

A D Miracle Inc. 160 Bonaventure Blvd. Apt. # 108 Weston, Fl. 33326

July 30, 2003

Dept. of State Division of Corporation P.O. Box 6327 Tallahassee, Fl. 32314

> Re: A D Miracle Inc. Doc# P98000006134

Gentlemen:

I am the president for the above named corporation. Please note that we never received the original UBR's since we moved during the year of 2002 and enclosed please find a "Reinstatement" form with our address change.

I respectfully requests amnesty against any penalties since we moved and never received the UBR's. I have attached a check for \$300 to cover the filing fee for years 2002 & 2003.

Should you have any questions, please do not hesitate to contact me.

Sincerely

Leon Czamenski, Pres