PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

API REIN	PLICAT CAPE	NO CONTRACTOR	FL	Kathe Secre	ARTMEN erine Ha etary of S of CCRPOR	tate))(V)	FILED CORETARY OF STATE SION OF CORPORATIONS	
DOCUMENT # P0000096755 ***							01 OCT 29 AM 9: 44		
MIAMIH	IOMESV	/IA.COM, INC) .						
Principal Place of Business 7137 S.W. 117TH AVENUE MIAMI FL 33183				Mailing Address -7137 S.W. 117711 AVENUE -MIAMI FL 33183					
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable Suite, Apt. #, etc.				3. New Mailing Office Address, If Applicable P.O. BOX 830 787 Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 10/13/2000		
City & State				City & State			5. FEI Number Applied For Not Applicable		
Zip	Zip Country			#3283 CUS		<i>DA</i> ^γ Δ	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		- C.
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)				Street Address of Eac Officer and/or Directo				City / State / Zip	
D	KIOSSEFF, DIMITRI			7137 S.W. 117TH AVENUE			MIAMI FL 33183		and the second
-					8000046796381, -11/14/0101088016				Hamistalian Phaye
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8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent		
Street Address (F							RIA C MARI - CPA © SW 7 9 TERR E		
2474 S.W. 27TH TERRACE COCONUT GROVE FL 33133 Suite, **Api, #, Etc. Suite, **Api, #, Etc.						OSW 79 TERR			
occurry and the control					City State Zip Code				
10. I, being	appointed th	e registered agent of	he above nam	ned corporation, a	m familiar wi	th and accept the of	oligations of Secti	FL 33/43 . on 607.0505, F.S.	
Signature of Registered	f	M	na	PRED AGENT MU	1000			Date 10-22-01	
this reins	statement app the corporat	plication, the reason fo	or dissolution t nd the names	nas been eliminate of individuals liste	ed, the corpo d on this for	rate name satisfies in do not qualify for	the requirements an exemption und	opter 607 or 617, F.S. I further certify that when filing of section 607,0401 or 617,0401, F.S., that all fees der section 119.07(3)(i), F.S. The information indicated	
SIGNATURE: AUGUST DIMITRI KIOSSEFF 10/18/01 305-444-2304 SIGNATURE AND TIPUD OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									

MIAMIHOMESVIA.COM, INC.

7137 S.W. 117 Ave, Miami, Florida 33183

Mailing Address: P.O.BOX 830787 Miami, Florida 33283

October 18, 2001

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

Reference: Document number: P00000096755 (Miamihomesvia.com, Inc.)

Dear Sir or Madam:

On October 18, 2001 approximately at 10:10 AM, I phoned the Division of Corporations to inquire about the NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION for Miamihomesvia.com, Inc. I've received the previous day (October 17, 2001). I explained to the officer I spoke with, that I did not receive the 2001 UNIFORM BUSINESS REPORT nor any other previous correspondences or notices in reference to this filing.

I've found this NOTICE around the office. Because it didn't have my name on it, just the name of the corporation, nobody new it was mine. As a result I had changed the mailing address to P.O. Box 830787 Miami, Florida 33283 to make sure that this does not happen again.

Miamihomesvia.com, Inc was incorporated on October 13, 2000, so I didn't think I had to worry about the 2001 UNIFORM BUSINESS REPORT until you notify me by mail. After speaking with the officer this moming, I now better now.

The officer informed me to send this application for reinstatement with the normal fee for filing of \$150 and to include this letter in the mailing, for your consideration.

I hope you will consider my reinstatement with the regular filing fee herewith included.

Thank you for your assistance in this matter.

Sincerely,

Dimitri Kiosseff Director