


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2001UBK	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000099544

1. Corporation Name

M. P. Acquisition, Inc.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Office Address 4400 N. Federal Hwy Suite, Apt. #, etc. Suite 300 City & State Boca Raton FL Zip 33431		3. Mailing Office Address 4400 N. Federal Hwy Suite, Apt. #, etc. Suite 300 City & State Boca Raton, FL Zip 33431	
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4. Date Incorporated or Qualified To Do Business in Florida 10/23/00	5. FEI Number 65-1063632	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent	
Name Joseph Giuliano	
Street Address (P.O. Box Number is Not Acceptable) 4400 North Federal Highway	
Suite, Apt. #, Etc. Suite 300	
City Boca Raton	State FL
Zip Code 33431	

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 Joseph Giuliano	Date 11/1/01
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
Director/President	Robert J. Carlin	3208 Skipwith DR.	Richmond, VA. 23060
Vice President	Joseph Conti	6511 NE 20th Ave	Ft. Lauderdale, FL 33308
Director/Secretary	Joseph Giuliano	22312 Calibre ct. #1108	Boca Raton, FL 33433
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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)(f), 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: Joseph Giuliano	Joseph Giuliano 11/1/01 561-416-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date Daytime Phone #	

M. P. ACQUISITION, INC.

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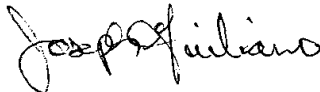
November 1, 2001

Division Of Corporations
Annual Report/Reinstatement Section

Dear Sir or Madam:

Recently MP received a Notice of Dissolution or Revocation. However, we never received a notice for Annual Filing. We then called to the Department of State and they informed us to notify you in writing. In addition, we were informed to enclose a check in the amount of \$150.00. If you have any further questions, please contact me at 561-416-9880.

Sincerely,



Joseph Giuliano
Secretary/Director