

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 26 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 901000017863

1. Corporation Name

MIDASA, Inc.

900028058459
02/02/04--01092--025 **1080.75

2. Principal Office Address

19355 Turnberry Way

3. Mailing Office Address

19355 Turnberry Way

Suite, Apt. #, etc.

Unit TS-E

Suite, Apt. #, etc.

Unit TS-E

City & State

Aventura, Florida

City & State

Aventura, Florida

Zip

33180

Country

US

Zip

33180

Country

US

REINSTATEMENT

02-04

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/2001

5. FEI Number

52-2421039

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALAN J. Marcus

Street Address (P.O. Box Number is Not Acceptable)

20803 Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 301

City

Aventura

State

FL

Zip Code

33180

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/23/03

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 |
|--------|--------------------------------------|---|----------------------------|
| D | Alan J. Marcus, Esq. | 20803 Biscayne Blvd. Ste 301 | Aventura, Florida 33180 |
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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)(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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/03

Date

(305) 937-1800

Daytime Phone #

CR2E081 (10/02)

BB