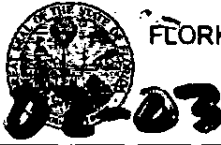


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 31 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 01000043403

1. Corporation Name

OLDSTONES MIAMI, Corp.

2. Principal Office Address

8282 NW South River Dr.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

USA

3. Mailing Office Address

4970 NW 102 Av.

Suite, Apt. #, etc.

Apto 203

City & State

Miami, FL

Zip

33148

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1112061

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

EGURBIDE, MIREN NEKANE

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

4970 NW 102 Av.

Suite, Apt. #, Etc.

Apto. 203

City

Miami

State

FL

Zip Code

33148

600014691416

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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

03/24/03

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
P	THOMAS, ERLEN	4970 NW 102 AV Apto. 203	Miami, FL 33148

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/03

Date

(305) 592 1506

Daytime Phone #

CR2E081 (10/02)

21 411