

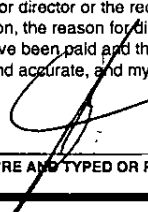


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 FEB 24 PM 3:21 DEPT. OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # PC1000051768			
1. Corporation Name micell Group, Inc			
2. Principal Office Address 4545 36th Street Suite, Apt. #, etc.		3. Mailing Office Address 4545 36th Street Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32811	Country USA	Zip 32811	Country USA
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 59-3729368	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent			
Name Jonl Snyder			
Street Address (P.O. Box Number is Not Acceptable) 4545 36th Street			
Suite, Apt. #, Etc. to			
City Orlando		State FL	Zip Code 32811
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 		Date 2/10/06	
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
P	John miceli	4545 36th Street	Orlando, FL 32811
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 contained in Chapter 119, 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: 		Date 2/16/06	Daytime Phone # 407-235-3266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			