

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # PD000051768		
1. Corporation Name Miceli Group, Inc		

2. Principal Office Address 4545 36th Street <small>Suite, Apt. #, etc.</small>	3. Mailing Office Address 4545 36th Street <small>Suite, Apt. #, etc.</small>
<small>City & State</small> Orlando, FL <small>Zip</small> 32811	<small>City & State</small> Orlando, FL <small>Zip</small> 32811
<small>Country</small> USA	<small>Country</small> USA

1000067939791
 03/16/06-01003-017 **750.00
 CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-3729368	<small>Applied For</small> <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED	<small>Not Applicable</small> <input type="checkbox"/>
<small>S8.75 Additional Fee required for a Certificate of Status</small>	

7. Name and Address of Current Registered Agent

<small>Name</small> Joni Snyder	
<small>Street Address (P.O. Box Number is Not Acceptable)</small> 4545 36th Street	
<small>Suite, Apt. #, Etc.</small> 0	
<small>City</small> Orlando	<small>State</small> FL
	<small>Zip Code</small> 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 Joni M. Snyder

Date 2/10/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

<small>Titles</small>	<small>Name of Officers and/or Directors</small>	<small>Street Address of Each Officer and/or Director</small>	<small>City / State / Zip</small>
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-285-

32606