
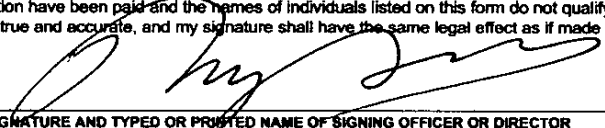


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 MAY 18 AM 3:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <b>P01000057631</b>					
1. Corporation Name <b>MICHEL HUYSMAN. P.A.</b>					
2. Principal Office Address - No P.O. Box # <b>2000 S DIXIE HWAY</b>			3. Mailing Office Address <b>SAME</b>		
Suite, Apt. #, etc. <b>100M</b>			Suite, Apt. #, etc.		
City & State <b>MIAMI FLA</b>			City & State		
Zip <b>33133</b>	Country <b>US</b>	Zip	Country		
4. Date Incorporated or Qualified To Do Business in Florida <b>6-11-2001</b>			5. FEI Number <b>65 1114624</b>		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>		
7. Name and Address of Current Registered Agent			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.		
Name <b>MICHEL HUYSMAN</b>			<input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
Street Address (P.O. Box Number is Not Acceptable) <b>2000 S. DIXIE HIGHWAY</b>					
Suite, Apt. #, Etc. <b>100M</b>					
City <b>MIAMI</b>					
State <b>FL</b>			Zip Code <b>33133</b>		
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	
<b>Pres CEO</b>	<b>MICHEL HUYSMAN</b>	<b>77 CRANDON BLVD PH 3</b>		<b>Key Biscayne FL 33149</b>	
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:  <b>5-16-07 305-8543535</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					