PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
W06000047472

FILED
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DOCUMENT # P01000081389

1. Corporation Name

MYRAAN ENTERPRISES, INC.

400081252434
10/26/06--01033--006 **758.75

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
500 East Oakland Park Blvd.	P.O. Box 2534
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wilton Manors, FL	City & State: Fort Lauderdale, FL
Zip: 33334 Country: USA	Zip: 33301 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/17/2001

5. FEI Number: 651130638 ☐ 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: James O. Cole

Street Address (P.O. Box Number is Not Acceptable): 10 Nurmi Drive

Suite, Apt. #, Etc.:

City: Fort Lauderdale | State: FL | Zip Code: 33301

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: James O. Cole
REGISTERED AGENT MUST SIGN

Date: 25 October, 2006

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
DP	Jackie Mays	500 E. Oakland Park Blvd.	Wilton Manors, FL 33334
DST	James O. Cole	10 Nurmi Drive	Fort Lauderdale, FL 33301
		400081252434 11/07/06--01023--022 **141.25	

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: James O. Cole 10/25/06 954.328.0299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell NOV 7 2006