



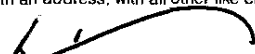
FILED

04 NOV 24 PH 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P02000019501 1. Entity Name THE MICHAEL HOPKINS COMPANY, INC.</div><div style="text-align: center;"></div></div>				<div style="text-align: right;">04 NOV 24 PH 3:56</div> <div style="text-align: right;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: center; font-size: 2em; font-weight: bold;">REINSTATEMENT <i>of</i></div> <div style="text-align: center;"></div>	
Principal Place of Business 4141 NE 2ND AVE 108A MIAMI, FL 33137		Mailing Address 4141 NE 2ND AVE 108A MIAMI, FL 33137		<div>11222004 REIN-P CR2E098 (6/04)</div> <div>4. FEI Number 65-0754247</div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
6. Name and Address of Current Registered Agent HOPKINS, MICHAEL W 4141 NE 2ND AVE 108A MIAMI, FL 33137				7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 2px;">Name</div> <div style="border: 1px solid black; padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</div> <div style="border: 1px solid black; padding: 2px;">City FL Zip Code</div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div>D HOPKINS, MICHAEL W 4141 NE 2ND AVE MIAMI, FL 33137</div><div><input type="checkbox"/> Delete</div></div>			<div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div style="text-align: center; font-size: 1.5em;">400043000894 11/24/04--01049--006 **750.00</div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div>		
<div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div></div><div><input type="checkbox"/> Delete</div></div>			<div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div></div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div>		
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<div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div></div><div><input type="checkbox"/> Delete</div></div>			<div style="display: flex; justify-content: space-between;"><div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div><div></div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div>		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE: </div><div style="text-align: right; font-size: 1.5em;">11-22-04 305-572-1232</div></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"><div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div><div>Date</div><div>Daytime Phone #</div></div>					