PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA REPARTMENT OF STATE **CORPORATION** 04 NOV 10 AM 10: 39 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA 2042000 400 52 DOCUMENT # PO 20000 24063 Mike OBrien Inc. REINSTATEMENT 03-04 2. Rrincipal Office Address 3. Mailing Office Address 615 Pennsylvania Ad 615 Pennsylvania Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number Applied For St. clasa 01-0602956 Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 34769 34769 for a Certificate of Status 7. Name and Address of Current Registered Agent Suite, Apt. #, Etc. 100 State Zip Code 89769 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 10-25-04 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Titles Name of City / State / Zip Officers and/or Directors OBrien (015 Pennsylvania Ave. Statud FL 34769 100042242251 10/27/04--01039--008 **400.00 100042242251 10/27/04--01039--009 **500,00 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 filling 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 under section 119.07(3)(i), 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. (407)346-2983

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR