PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Corporation Name Mita Group, Inc. 2. Principal Office Address HAGA SW 164th Avenue HAGA SW 164th Avenue Suite, Apt. #, etc. 3. Mailing Office Address HAGA SW 164th Avenue HAGA SW 164th Avenue Suite, Apt. #, etc. City & State Miramar, Florida Zip Country Coun	CORPORATION REINSTATEMENT	Secretary of State		FILED 07 JUL -3 AMII: 30 SAA STATE TALLAGASSEE, FLORIDA		
2. Principal Office Address ### Address #### Address #### Address #### Address ##### Address ##################################		0057081		- 281 C (14 (14))	F, LEGNIJA	
Suite, Apt. 8, etc. Suite, Ap				900105619199 07/06/0701020001 **450.00		
Surie, Apt. #, etc 4. Date incorporated of Qualified To Do Bunness. Fibridg 10 - Q.			s Avenue	REINSTATEME	NT 05-07	
Milliamor, Flonds Milliamor, Flonds Milliamor, Flonds S. FEI Number 300-00453601 Non-Applicable Possible Registered Agent T. Name and Address of Current Registered Agent Name Name Mignet A. Prince Steet Address of Das Number is Not Acceptable) Steet Address of Santa Suite, Apt 4. Fic. City Miami S. I. being appointed the registered agent? the global agrand corporation, am familiar with and accept the obligations of section 607 0503 or 617 0503, F.S. Signature of Registered Agent Registered Age	Suite, Apt. #, etc. Suite, Apt. #, etc.		4. Date Incorporated or Qualified			
To about USA 33037 USA 6. CENTRY OF STATUS DESIRED ADMINISTRATION OF CENTRAL PROPERTY OF A CENTRAL PROPE			onda	5. FEI Numbe:	Applied For	
Street Address (P.O. Box Number of Not Acceptable) REGISTERED AGENT MUST SIGN Date (120/2007) Street Address of Each Officer and/or Director (Portida nonprofit corporations must list at least 3 directors) Name of Officer and/or Director (Portida nonprofit corporations must list at least 3 directors) Name of Officer and/or Director (Portida nonprofit corporations must list at least 3 directors) Name of Officer and/or Director (Portida nonprofit corporations must list at least 3 directors) Name of Officer and/or Director (Portida nonprofit corporations must list at least 3 directors) Name of Officer and/or Director (Portida nonprofit corporations must list at least 3 directors) Name of Officer and/or Director (Portida nonprofit corporations must list at least 3 directors) Name of Officer and/or Director (Portida nonprofit corporations must list at least 3 directors) Name of Officer and/or Director (Portida nonprofit corporations must list at least 3 directors) Name of Officer and/or Director (Portida nonprofit corporations must list at least 3 directors) Name of Officer and/or Director (Portida nonprofit corporations as provided for in chapter 607 or 617, F.S. 1 urther centry that when fulling this elector in the corporation has been paid and into a name of portidation street on the corporation has been paid and into a name of portions of the corporation has been paid and into a name of portions of the corporation has been paid and into a name of portions of the corporation has been ended and the names of portions and the corporation of the corporation has been paid and into a name of portion	i '			6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required		
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8. 1, being appointed the registered agant of the upday paginged corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Sitest Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors NEW M. Pino, Tr. Huss will fall with Alliance Milliannam, Full Boost 10. Learlify 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 "unther certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name salasfies the requirements of section 607 0-00 or 617 0-00; F.S. that at 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 and have the same legal effect as if made under oain. SIGNATURE: Accuracy of the corporation has been added 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 and the same legal effect as if made under oain.	Street Address (P.O. Box Number is Not Acceptable) 9944 NW H9 TENGLE Suite, Apt #. Etc City State Zip Code					
Officer and/or Directors Officer and/or Director Officer and/or Direc	Signature of Registered Agent Must Sign Date 420/2007					
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. E.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; e.g. 617 0401; F.S., that at 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. E.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: All Manna All Mann					City / State / Zip	
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CIONATORE: 7.0 C	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.					
	,	PRINTED NAME OF SIGNING OFFICER O	OR DIRECTOR	Date	Daylime Phone #	

DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEAR OF 2005, 2006 & 2007 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. AND IF YOU HAVE ANY FURTHER QUESTION PLEASE FEEL FREEE TO CONTACT US.

CORDIALLY YOURS,

Jose Mo Cum p.

JOSE M PINO, Jr.

P/V/T/S