


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 NOV 13 AM 11:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000069912

1. Corporation Name
Michael & Michelle, Inc.

REINSTATEMENT

2. Principal Office Address 2525 East Lake Road		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Harbor, Florida		City & State	
Zip 34685	Country	Zip	Country

4. Date incorporated or Qualified To Do Business in Florida 06/25/02

5. FEI Number 04-3721180 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 Paul Kilissanly

Street Address (P.O. Box Number is Not Acceptable) 5475 Karlsburg Place

Suite, Apt. #, Etc.

City Palm Harbor State FL Zip Code 34685

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 *Paul E. Kilissanly* Date 10/27/03

REGISTERED AGENT MUST SIGN

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
Pres	Maroun Jalo	5475 Karlsburg Place	Palm Harbor, Florida 34685
VP	Paul Jalo	9 Oak Hill Drive	Monroe Township, NJ 08831
VP	Paul Kilissanly	5475 Karlsburg Place	Palm Harbor, Florida 34685

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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 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.

SIGNATURE: *Paul E. Kilissanly* Date 10-27-03 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

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10/27/03

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee , Florida 32314

RE: Uniform Business Report

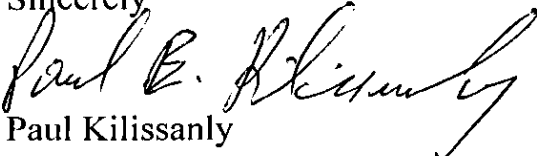
Dear Sir/Madam:

Enclosed is a check for the 2003 fee in the amount of \$ 150.00. I was relying on my office manager to make certain that all state and federal filings were paid & submitted in a timely manner. We have made changes within our organization to make certain this never happens again.

I am shocked to find out that the 2003 Uniform Business Report was not submitted or paid. We have tried to use ordinary business care and procedures. There was never any willful neglect of the law.

Based on the information provided I am requesting that you please waive the reinstatement fee of \$ 600.00. I apologize for any inconvenience this may have caused. Thank you for your immediate attention into this matter.

Sincerely


Paul Kilissanly
Vice President