PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	Secretar	TMENT OF STATE by of State corporations	SECRETARY OF STATE DIVISION OF CORPORATIONS 05 MAY 31 AM 10: 07
DOCUMENT # PDQ DODO997774 1. Corporation Name MIRACLE SHELL PROPERTIES, TOYCE. POXEMA SINGLES				
	al Office Address TATE ROAD 580	3. Mailing Office Addre	1384-51	600055578186 06/01/0501036012 **1050.00
Suite, Apt. # SUITE		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 09/16/2002
City & State CLEARWATER, FL		City & State		5. FEI Number Applied For Not Applicable
Zip 33763	Country PINELLAS	Zip	Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
		7. Name and	Address of Current Register	red Agent
	Name D & B CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable)			
ļ	5999 CENTRAL AVENUE			
	Suite, Apt. #, Etc. SUITE 202			19 Pings
	ST. PETERBURG			State Zip Code FL 33710
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 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	
MGRM	GUY L GANNAWAY	3047 (GLENWOOD COURT	T SAFETY HARBOR, FL 34695
MGRM	MARK J STALKER	345 BI	ELL POINT DRIVE	ST. PETE BEACH, FL 33706
	<u> </u>			
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day The Phone #				

Deeb Brainard, P.A. Attorneys at Law

*Brian P. Deeb **C. Scott Brainard Theresa A. Deeb Nicole E. Durkin

*Also Admitted in North Carolina **Board Certified - Real Estate Law

May 12, 2005

Department of State Division of Corporations PO Box 6327 Tailanassee, FL 32314

Re: Miracle Shell Properties, LLC

Dear Sir/Madam:

Enclosed please find the original executed Corporation Reinstatement for Miracle Shell Properties, LLC, for filing with your department. Also enclosed please find payment in the amount of \$1,050.00, representing the fees associated with this filing.

Should yo have any questions, please do not hesitate to contact my office.

Sincerely,

Brian P. Deeb

BPD/tlf

Enclosures

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