

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P02000134278		
1. Corporation Name MEMI I CORP		

2. Principal Office Address 1485 NW 29 Street Suite, Apt. #, etc.	3. Mailing Office Address 1485 NW 29 Street Suite, Apt. #, etc.
City & State Miami, FL 33142	City & State Miami, FL
Zip 33142	Country Miami Dade
4. Date Incorporated or Qualified To Do Business in Florida 2002	
5. FEI Number 27-0040688 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Melquiades Chioldes		
Street Address (P.O. Box Number is Not Acceptable) 1485 NW 29 Street		
Suite, Apt. #, Etc.		
City Miami		State FL Zip Code 33142

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 <i>Melquiades Chioldes</i>	REGISTERED AGENT MUST SIGN	Date 2-10-05

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
P/T/S	Melquiades Chioldes	1485 NW 29 Street <i>600047346656</i>	Miami, FL 33142 02/28/05-01004-005 **900.00

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 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: <i>Melquiades Chioldes</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 2-10-05	Daytime Phone # <i>W</i>