

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JAN 29 PM 6:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|-------------------------------|---|
| DOCUMENT # P02000134278 |  |
| 1. Entity Name MEMI I CORP | |

| | |
|---|---|
| Principal Place of Business 1485 NW 29 STREET MIAMI, FL 33142 | Mailing Address 1485 NW 29 STREET MIAMI, FL 33142 |
|---|---|

| | |
|--|--------------------------------------|
| Change of Address | |
| 2. Principal Place of Business - No P.O. Box # 1129 NW 31 St. | 3. Mailing Address 1129 NW 31 St. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------------------------|--------------------------------|
| City & State Miami, Florida | City & State Miami, Florida |
| Zip 33127 | Zip 33127 |
| Country Dade | Country Dade |



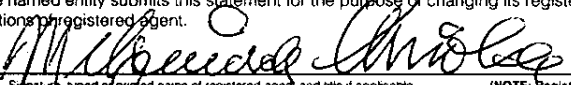
01252007 REIN-P CR2E098 (1/07)

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|-----------------------------|-------------------------------|
| 4. FEI Number 27-0040688 | Applied For Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

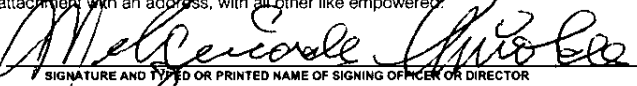
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|---|--|
| 6. Name and Address of Current Registered Agent | |
| CHIROLDES, MELQUIADES 1485 NW 29 STREET MIAMI, FL 33142 | |

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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the registered agent. | |
| SIGNATURE:  | DATE |
| (NOTE: Registered Agent signature required when reinstating) | |

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| FILE NOW!!! FEE IS \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PST CHIROLDES, MELQUIADES 1485 NW 29 STREET MIAMI, FL 33142 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 000087359380 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/05/07--01013--002 ***300.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | |
| SIGNATURE:  | Date |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |

1/29/07