

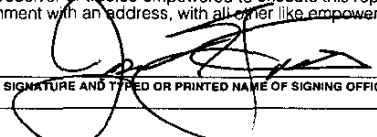


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000007126						FILED 05 DEC 27 PM 2:08	
1. Entity Name TRISTAN MICHAEL CORP.				SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 05			
<table style="width:100%;"> <tr> <td style="width:50%;">Principal Place of Business 99 SE MIZNER BLVD. #745 BOCA RATON, FL 33432</td> <td style="width:50%;">Mailing Address 99 SE MIZNER BLVD. #745 BOCA RATON, FL 33432</td> </tr> </table>							
Principal Place of Business 99 SE MIZNER BLVD. #745 BOCA RATON, FL 33432	Mailing Address 99 SE MIZNER BLVD. #745 BOCA RATON, FL 33432						
2. Principal Place of Business		3. Mailing Address		 12202005 REIN-P CR2E098 (6/04)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 06-1676750				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
COHN, ALAN B 2021 TYLER STREET HOLLYWOOD, FL 33020				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			
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 registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D/P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GANTON, JASON			NAME	700063540577 01/12/06--01009--009 **150.00		
STREET ADDRESS	99 SE MIZNER BLVD. #745			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33432			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							
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NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  12/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #