PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT				DEPARTMENT OF STATE : ecretary of State sion of corporations							PM 12: 23	
DOCUMENT # P03000070631 1. Corporation Name									TA	LLAHASSE	OF STATE E. FLORIDA	
MACDYL COMPUTER CONSULTING SERVICES INC.												
					SW 13th Street				REINSTATIEMENT			
Suite, Apt. #, etc. Suite, Apt. #, e					ж.				Date Incorporated or Qualified To Do Business in Florida 06/25/2003			
Fort Lauderdale, FL City & State Fort Lauderdale, FL Fort La					auderdale, FL			5. FEI Number V Applied For Not Applicable				
^Z p \\\33331	2 US	у	33312)	Country	,		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status				
7. Name and Address of Current Registered Agent								The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement				
Mackenzie Peet Street Address (R. D. Box Number is Not Acceptable)												
2236 SW 13Th Street Suite, Apt. #, Etc.												
Fort Lauderdale					State 33312			fee be waived.				
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 S. Simons as attorney-in-fact Date November 27, 2007 REGISTERED AGENT MUST SIGN												
9. Names	and Street Addresses	s of Each Officer and	east 3 directors)									
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director						City / State / Zip		
President	Ramesche Shaw			2236 SW 13th S			reet Fort Lauderdale, FL 33312					
Treasurer	Sheldon John			2236 SW 13th S			reet Fort Lauderdale, FL 33312					
Vice Pres.	Ellis Peet			2236 SW 13th S			reet Fort Lauderdale, FL 33312					
D	Mackenzie Peet			2236 SW 13th S			treet	reet Fort Lauderdale, FL 33312				
D	Dylan Peet			2236 SW 13th S			treet Fort Lauderdale, FL 33312					
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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 filling 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 contained in Chapter 119, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #												