## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT Secreta	RTMENT OF STATE ; ry of State corporations	VIO	FILED SECRETARY OF STATE ISION OF CORPORATIONS B MAY 13 AM 9: 24
DOCUMENT # P03000078464  1. Corporation Name			
MULLER BROUP International Corp		o	
2. Principal Office Address - No P.O. Box # 4770 NW 174h A Venue 4770 NW 174h AVCNUC Suite, Apt. #, etc.  Suite, Apt. #, etc.		NEINGIAILISILIVI 00	
City & State City & State		4. Date incorporated or Qualified To Do Business in Florida 07-16-9003	
We am? FL. Minni, FLORE da.		5. FEI Number   Applied For   Not Applicable	
2ip Country 2ip Country 33142 U.S.		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name ANA M. Moller.		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 fee be waived.	
Street Address (P.O. Box Number is Not Acceptable) 4770 NW 17 th Avenue			
Suite, Apt. #, Etc.			
City MPami State Zip Code FL 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			Date 05-06-2008
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 ANA M. Muller 104505W Doite		cr,	Miame FL 33189.
V Den's Muller. 104503W. 20		1 terr	Mian: FL33189
D ANAM. Moller 10	1450SW 70	1 terr.	Miami FL 33189.
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 AND TYPED OR PRINTED NAME OF SIGNING OF		05-	06-9008 (305) 898045.  Date Dayline Phone #