

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 13 AM 9:24

DOCUMENT # P03000078464

1. Corporation Name

MULLER Group International Corp

2. Principal Office Address - No P.O. Box #

4770 NW 17th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

4770 NW 17th Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33142

Country

U.S.

Zip

33142

Country

U.S.

7. Name and Address of Current Registered Agent

Name

ANA M. Muller

Street Address (P.O. Box Number is Not Acceptable)

4770 NW 17th Avenue

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

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>ANA M. Muller</u>	<u>10450 SW 701 Terr.</u>	<u>Miami FL 33189</u>
<u>V</u>	<u>Dennis Muller</u>	<u>10450 SW 701 Terr.</u>	<u>Miami FL 33189</u>
<u>D</u>	<u>ANA M. Muller</u>	<u>10450 SW 701 Terr.</u>	<u>Miami FL 33189</u>

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 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 OFFICER OR DIRECTOR

Date

Daytime Phone #

05-06-2008 ^{cel.} (305) 8980452