
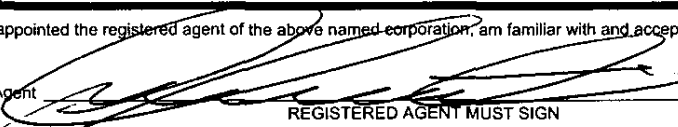
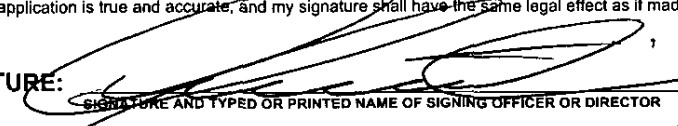


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 AUG 24 PM 1:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA 200058003112 08/24/05--01040--001 **150.00 200058003112 07/28/05--01009--003 **750.00 200058003112 07/28/05--01009--003 **750.00 REINSTATEMENT 04-05	
DOCUMENT # 1. Corporation Name DOCUMENT # P03000104142 MITLON AND DAVID CORPORATION					
2. Principal Office Address 3003 SW 137 TERR		3. Mailing Office Address 7220 NW 114 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. APT 107			
City & State MIRAMAR, FL		City & State MIAMI, FL			
Zip 33027	Country USA	Zip 33178	Country USA		
		4. Date Incorporated or Qualified To Do Business in Florida 09/23/2003		5. FEI Number 06-1714242	
				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name MILTON MONROY					
Street Address (P.O. Box Number is Not Acceptable) 7220 NW 114 AVE					
Suite, Apt. #, Etc. APT 107					
City MIAMI		State FL	Zip Code 33178		
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 07/13/2005			
REGISTERED AGENT MUST SIGN					
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	MILTON MONROY	7220 NW 114 AVE APT 107		MIAMI, FL 33178	
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 under section 119.07(3)(i), 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: 		Date 07/13/2005		Daytime Phone # 786-303-0277	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E081 (01/05)