

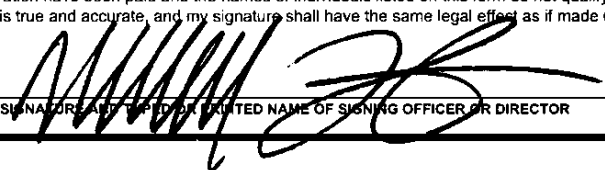


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 FEB 21 PM 3:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P03000146942					
1. Corporation Name Regulatory Management & Compliance, Inc.					
2. Principal Office Address 1001Brickell Bay Dr. Suite, Apt. #, etc. Suite 2002 City & State Miami, Florida Zip 33131 Country U.S.A.		3. Mailing Office Address 1001 Brickell Bay Dr. Suite, Apt. #, etc. Suite 2002 City & State Miami, Florida Zip 33131 Country U.S.A.		900067471429 03/09/06--01037--001 **1058.75 CR2E081 (12/05)	
4. Date incorporated or Qualified To Do Business in Florida 12/05/03				5. FEI Number 20-0470550 <input type="checkbox"/> Applied For <input 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 Mitchell S. Fuerst, Esq.					
Street Address (P.O. Box Number is Not Acceptable) 1001 Brickell Bay Drive					
Suite, Apt. #, Etc. Suite 2002					
City Miami				State FL	Zip Code 33131
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 02/17/06 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	
D	Mitchell S. Fuerst, Esq	1001 Brickell Bay Dr.S2002		Miami, FL 33131	
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: 		02/17/06		305 350 5690	
SIGNATURE AND PRINTED OR EXEMPTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	