


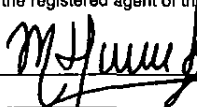
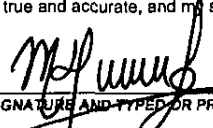
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 DEC 22 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (10/08)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P06000021254			
1. Corporation Name M.H. of Miami Corporation			
2. Principal Office Address - No P.O. Box # 2259 SW 5th street		3. Mailing Office Address 2259 SW 5th street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33135	Country U.S.A.	Zip 33135	Country U.S.A.
7. Name and Address of Current Registered Agent			
Name Mauricio Herrera			
Street Address (P.O. Box Number is Not Acceptable) 2259 SW 5th street			
Suite, Apt. #, Etc.			
City Miami	State FL	Zip Code 33135	
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 12-18-2008	
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 Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Mauricio Herrera	2259 SW 5th street	Miami FL 33135
800139203788 12/22/08 01051 007 ***00.00			
REINSTATEMENT			
07-08 1			
12/22/08--01051--008 ***8.75			
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: 		12-18-2008 305-796-3403	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #