## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P32703

Address:

City-St-Zip:

FILED Nov 13, 2007 Secretary of State

| Entity Nar                                  | me: MIA SHC  | ES, INC.                         |   |  |                           |              |  |
|---|--|----------------------------------|---|--|---------------------------|--------------|--|
| Current P                                   | rincipal Place                                     | of Business:                     | New Prince                                  | New Principal Place of Business:   |                           |              |  |
| 9985 NW 1<br>MIAMI, FL                      |  |                                  |   |  |                           |              |  |
| Current M                                   | lailing Addres                                     | ss:                              | New Maili                                   | New Mailing Address:   |                           |              |  |
| 9985 NW 19TH ST<br>MIAMI, FL 33172          |  |                                  | ONE SE 3                                    | C/O R. BEZOLD, AKERMAN SENTERFITT<br>ONE SE 3RD AVE 25TH FL<br>MIAMI, FL 33131 |                           |              |  |
| FEI Number:                                 | : 51-0156932                                       | FEI Number Applied For ( )       | FEI Number Not App                          | licable ( )  | Certificate of Status Des | sired ( )    |  |
| Name and                                    | Address of C                                       | Current Registered Agent:        | Name and                                    | Name and Address of New Registered Agent:                                      |                           |              |  |
| 1200 S. PII                                 | ORATION SYS<br>NE ISLAND RO<br>ON, FL 33324        | OAD                              | 515 EAST                                    | CORPDIRECT AGENTS, INC.<br>515 EAST PARK AVENUE<br>TALLAHASSEE, FL 32301 US    |                           |              |  |
|   | named entity<br>e of Florida.                      | submits this statement for the p | ourpose of changing                         | its registered o   | office or registered age  | nt, or both, |  |
| SIGNATUR                                    | RE: BY KEVII                                       | N ROBERTS, PRESIDENT             |   | 11/13/2007   |                           |              |  |
|   | Electron   | nic Signature of Registered Age  | ent   |  | Date                      |              |  |
| Election Car                                | npaign Financin                                    | g Trust Fund Contribution ( ).   |   |  |                           |              |  |
| OFFICERS                                    | S AND DIREC  | TORS:                            | ADDITION                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                                   |                           |              |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | P (<br>STRAUSS, RIC<br>690 HARBOR I<br>KEY BISCAYN | DR                               | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( )  | ) Change ()Addition       |              |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | V (<br>STRAUSS, NEI<br>1520 SPRUCE<br>PHILADELPHIA | ST #600                          | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( )  | ) Change ()Addition       |              |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | V (<br>ANGELINI, JOS<br>30 PALO LN<br>NEWARJ, DE   |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( )  | ) Change ()Addition       |              |  |
| Title:                                      | (  | ) Delete                         | Title:                                      | VS ()  | ) Change (X) Addition     |              |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

9985 NW 19TH ST MIAMI, FL 33172 US

SIGNATURE: ELIZABETH ROQUE ٧ 11/13/2007