

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED 00 APR 10 PM 1:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # DA30000251005 1. Corporation Name AIRAN and ASSOCIATES, P.A.

2. Principal Office Address 1320 S. Dixie Highway Suite, Apt. #, etc. Penthouse #1275 City & State Coral Gables, Florida Zip 33146 Country USA 3. Mailing Office Address P.O. Box 430667 Suite, Apt. #, etc. City & State South Miami, Florida Zip 33243-0667 Country USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida April 5, 1993 5. FEI Number 65-0263894 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED [X] \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name D.S. "Dar" Airan Street Address (P.O. Box Number is Not Acceptable) 1429 Alegriano Avenue Suite, Apt. #, Etc. City Coral Gables, State FL Zip Code 33146

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 [Signature] Date 4/4/00 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P/D, D.S. "Dar" Airan, 1429 Alegriano Avenue, Coral Gables, FL 33146

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: [Signature] Date: 4/4/00 Daytime Phone #: (305)-661-6664 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: D.S. DAR AIRAN

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