



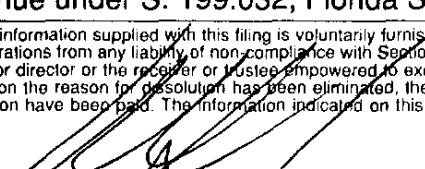


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		<div style="font-size: 24pt; font-weight: bold;">FILED</div> <div style="font-size: 18pt;">97 MAY 29 AM 9:12</div> <div style="font-size: 14pt;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>																																	
<div style="font-size: 24pt; font-weight: bold;">DOCUMENT #</div> <span style="font-family: cursive; font-size: 20pt;">PAS DDDDD1640</span>																																					
1. Corporation Name  <div style="text-align: center;">MIAMAI, INC.</div>																																					
Mailing Address <div style="text-align: center;">Principal Place of Business</div> <div style="text-align: center;"><del>8981 S.W. 122nd Place - Suite 1009</del> <del>Miami, FL 33186</del></div>		<div style="font-size: 36pt; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 24pt; font-weight: bold;">96-97</div> <div style="font-size: 10pt;">DO NOT WRITE IN THIS SPACE</div>		4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: center;">01/06/95</div>																																	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.																																					
2. New Mailing Address, If Applicable 8211 N.W. 68th Street																																					
3. New Principal Office Address, If Applicable 8211 N.W. 68th Street																																					
5. FEI Number 65-0550003																																					
City & State Miami, FL		City & State Miami, FL		Applied For Not Applicable																																	
Zip 33166 Country USA		Zip 33166 Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																																	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																					
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Title(s)</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td style="text-align: center;">D</td><td>Javier Palenque</td><td>8211 N.W. 68th Street</td><td>Miami, FL 33166</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	D	Javier Palenque	8211 N.W. 68th Street	Miami, FL 33166																								
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8. Name and Address of Current Registered Agent  Myron M. Samole 9700 S. Dixie Highway Suite 1030 Miami, FL 33156 US			9. Name and Address of New Registered Agent <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="3">Name</td></tr><tr><td colspan="3">Street Address (P.O. Box Number is Not Acceptable)</td></tr><tr><td colspan="3">Suite, Apt. #, Etc.</td></tr><tr><td>City</td><td>State <div style="text-align: center;">FL</div></td><td>Zip Code</td></tr></table>			Name			Street Address (P.O. Box Number is Not Acceptable)			Suite, Apt. #, Etc.			City	State <div style="text-align: center;">FL</div>	Zip Code																				
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City	State <div style="text-align: center;">FL</div>	Zip Code																																			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. <table style="width: 100%;"><tr><td style="width: 30%;">Signature of Registered Agent </td><td style="width: 30%; text-align: center;">Myron M. Samole</td><td style="width: 40%; text-align: right;">Date <span style="font-size: 18pt;">5/27/97</span></td></tr><tr><td colspan="3" style="text-align: center;">REGISTERED AGENT MUST SIGN</td></tr></table>						Signature of Registered Agent 	Myron M. Samole	Date <span style="font-size: 18pt;">5/27/97</span>	REGISTERED AGENT MUST SIGN																												
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11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)																																					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)																																					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. <div style="text-align: center; margin-top: 20px;"></div>																																					
SIGNATURE: <span style="float: right;">5/27/97</span> <div style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Javier Palenque</span></div> <div style="text-align: right;">305/639-2797 Daytime Phone #</div>																																					

CR2040 (5-94)