


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>05000047917</u>			
1. Corporation Name <u>MEDICAL MARKETING RESOURCES, SE., INC.</u>			
2. Principal Office Address <u>245 N. OCEAN Blvd.</u> Suite, Apt. #, etc. <u>#211</u>		3. Mailing Office Address <u>SAME</u> Suite, Apt. #, etc.	
City & State <u>Deerfield Beach</u>		City & State	
Zip <u>33441</u>	Country <u>MOZAMBIQUE</u>	Zip <u>33441</u>	Country <u>USA</u>

 FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 03 AUG 20 AM 8:00
REINSTATEMENT 01-03

4. Date Incorporated or Qualified To Do Business in Florida <u>6-20-95</u>		Applied For <input type="checkbox"/> Not Applicable
5. FEI Number <u>05-058880</u>		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name <u>ANNE M. Miller</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>245 N. OCEAN Blvd.</u>	
Suite, Apt. #, Etc. <u>#211</u>	
City <u>Deerfield Beach</u>	State <u>FL</u>
	Zip Code <u>33441</u>

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

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
President	ANNE MILLER	245 N. Ocean Blvd. #211	Deerfield Beach, FL 33441

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-28-03

954-783-8836

CRF0001 (10/02)