CAPITAL CONNECTION 850 222 1222 02/25 '02 12:46 NO.341 02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 FEB 26 PM 4:58

CORPORATION REINSTATEMENT

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

DOCUMENT # P95000087445

01-02

1. Corporation Name: OMA, INC.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
425 S. Carpenter Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Titusville, FL	City & State
Zip: 32796 Country: ~~Fgn~~	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 1994

5. FEI Number: 59-3346005 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: Nitin Hate' MD.

Street Address (P.O. Box Number is Not Acceptable): 2305 Sand Lake Road.

Suite, Apt. #, Etc.:

City: Orlando State: FL Zip Code: 32809

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: Nitin Hate Date: 2-25-2002

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
P	NITIN HATE	425 S. Carpenter Rd	Titusville FL 32796

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****300.00 ****300.00

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: Nitin Hate 2-25-2002 407 852-8520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BB