

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 16 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091923

1. Corporation Name

MSD ASSOCIATION, INC.

2. Principal Office Address

1201 Brickell Avenue

Suite, Apt. #, etc.

650

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Office Address

1201 Brickell Avenue

Suite, Apt. #, etc.

650

City & State

Miami, Florida

Zip

33131

Country

USA

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
52-1952403

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Aslan Palachi

Street Address (P.O. Box Number is Not Acceptable)

1201 Brickell Avenue

Suite, Apt. #, Etc.

650

City

Miami

State
FL

Zip Code
33131

900009523919
12/16/02--01055--007 **1050.00

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

A Palachi

Date 12/12/02

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
D,P	Mehmet Salih Dereli	2127 Brickell Ave. (#2702)	Miami, Florida 33129

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:

M Dereli

MEHMET DERELI

Dec 12, 2002

(305) 859-4901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/01)