


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 10 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # P96000020939

1. Corporation Name
MODELS MANAGEMENT GROUP, INC.

2. Principal Office Address 846 Lincoln Road Suite, Apt. #, etc. Penthouse 7 City & State Miami Beach, Florida		3. Mailing Office Address 846 Lincoln Road Suite, Apt. #, etc. Penthouse 7 City & State Miami Beach, Florida	
Zip 33139	Country USA	Zip 33139	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 03/06/96

5. FEI Number 650652775

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: Bruce M. Boiko, Esq.

Street Address (P.O. Box Number is Not Acceptable): 80 SW 8th Street
Suite, Apt. #, Etc.: Suite 1920
City: Miami

State: FL Zip Code: 33130

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12/10/02--01006--005 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607.0505 or 617.0503, F.S.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: 11/22/02

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
DPST	Fuller, Jeffrey	846 Lincoln Road, PH7	Miami Beach, FL 33139

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-6-02 Date
305-672-8300 Daytime Phone #

CR2E081 (9/01)

12/11

HERZFELD & RUBIN

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BRUCE M. BOIKO, ESQ.
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November 18, 2002

Mr. Jim Smith, Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Models Management Group, Inc.
No. P96000020939
FEI No. 650652775

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Dear Mr. Smith:

This letter is to inform you that Models Management Group, Inc. never received the annual report form to file. Enclosed please find the Application for Reinstatement as well as a check in the amount of \$150.00 for the filing fee. For your records the correct mailing address for Models Management Group, Inc. is:

Models Management Group, Inc.
846 Lincoln Road
Penthouse 7
Miami Beach, FL 33139

Should you have any questions or concerns please do not hesitate to contact me.

Very truly yours,

HERZFELD & RUBIN

Bruce M. Boiko

BMB/pb

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