

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

99 JUL -6 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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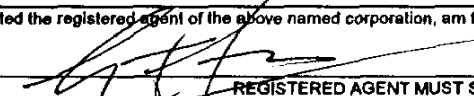
DOCUMENT # P96000070248 1. Corporation Name
MIAMI BEACH MESSAGE, INC.
Principal Place of Business 915 ALTON ROAD MIAMI BEACH, FL 33139
Mailing Address 721 S.W. 148 AVE #310 SUNRISE, FL. 33325

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	8/20/1996
City & State	City & State	5. FEI Number
Zip	Country	65-0743708
		Applied For
		Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

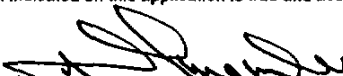
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	A. JINNAH EMAMDEE	721 S.W. 148 AVE., #310	SUNRISE, FL 33325
VP/SEC	CAROLYN C. EMAMDEE	721 S.W. 148 AVE., #310	SUNRISE, FL 33325

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CIMBLER, SAUL 407 LINCOLN ROAD, STE 2-L MIAMI BEACH, FL 33139	ARAZOZA, COMAS, de TORRES & FERNANDEZ-FRAGA PA Street Address (P.O. Box Number is Not Acceptable) 2100 SALZEDO STREET Suite, Apt. #, Etc. SUITE 300 City CORAL GABLES, FL State FL Zip Code 33134

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.
Signature of Registered Agent  Date 6/15/99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(See other side for information on intangible tax.)
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12. 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 name 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.
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SIGNATURE:  A. JINNAH EMAMDEE	305-672-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #