PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 APR -4 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000025182

1. Corporation Name
MYCITY.COM, INC.

2. Principal Office Address	3. Mailing Office Address
169 E. FLAGLER ST.	169 E. FLAGLER ST.
Suite, Apt. #, etc.: SECOND FLOOR	Suite, Apt. #, etc.: SECOND FLOOR
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33131 Country: U.S.A.	Zip: 33131 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 03/19/97

5. FEI Number: 65-0738210 ☐ 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

400004014914--4
-04/18/01--01020--006
****900.00 ****900.00

Name: MARSHALL KANNER
Street Address (P.O. Box Number is Not Acceptable): 169 E. FLAGLER ST.
Suite, Apt. #, Etc.: SECOND FLOOR
City: MIAMI State: FL Zip Code: 33131

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: Marshall Kanner — REGISTERED AGENT MUST SIGN
Date: 03/28/01

CR2E051 (9/00)

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
PCD	WOLF SHLAGMAN	169 E. FLAGLER ST. SECOND FLOOR	MIAMI, FL 33131
VSTD	MARSHALL KANNER	169 E. FLAGLER ST. SECOND FLOOR	MIAMI, FL 33131
D	RICHARD J. LAMPEN	100 S.E. SECOND ST. 32ND FLOOR	MIAMI, FL 33131

REINSTATEMENT 00-01 TS

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: Marshall Kanner — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 03/28/01
Daytime Phone #: (305)929-8032

MARSHALL KANNER