

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS NOV -9 PM 7:01																															
DOCUMENT # P97000083521																																							
1. Corporation Name OMRHA Corp.																																							
2. Principal Office Address 5275 NW 161 Street Suite, Apt. #, etc.				3. Mailing Office Address 5275 NW 161 Street Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida 9/26/97																															
City & State Miami, Florida				City & State Miami, Florida				5. FEI Number 52-2072856																															
Zip 33014		Country Dade		Zip 33014		Country Dade		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent																																							
Name Ana Lucia Eisner																																							
Street Address (P.O. Box Number is Not Acceptable) 8100 Geneva Ct																																							
Suite, Apt. #, Etc. #C-539																																							
City Miami						State FL		Zip Code 33166																															
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 _____ Date _____																																							
REGISTERED AGENT MUST SIGN																																							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																							
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>Pres</td><td>Ana Lucia Eisner</td><td>8100 Geneva Ct, #C-539</td><td>Miami, FL 33166</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>												Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Pres	Ana Lucia Eisner	8100 Geneva Ct, #C-539	Miami, FL 33166																				
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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: <u>Ana Lucia Eisner</u> 10/21/00 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																							



David Alan Kofsky, P.A.
Certified Public Accountant

November 3, 2000

Florida Department of State
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: OMRHA Corp
P97000083521

Our client just received his notice of Administrative Dissolution from your office. He had moved last year, and the actual reports apparently had not been forwarded to him.

We have enclosed the completed Application for Reinstatement, with a check in the amount of \$458.75. We request that you abate the penalty for just cause.

Thank you for your attention in this matter. If you have any further questions, please give us a call.

Sincerely,

A handwritten signature in cursive script that reads 'Carol A. Nash'.

Carol A. Nash
Accountant

Enclosure: Application for Reinstatement, Division of Corporations
Check # 1264 in the amount of \$458.75