W04000039876

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 12 PM 4: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000088809

1. Corporation Name

MYLOS, INC.

REINSTATEMENT 9-04

2. Principal Office Address

1111 Ponce de Leon Blvd

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

SAME

4. Date Incorporated or Qualified To Do Business in Florida   10/15/1997

| Zip 33134 | Country USA | Zip 33134 | Country USA |

5. FEI Number   650789517

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   ANTONIO FARBAN

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

00004216875U
10/25/04--01090--023 **793.75

Suite, Apt. #, Etc.   1111 Ponce de Leon Blvd

City   CORAL GABLES

State FL   Zip Code 33134

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   10/21/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
DIR. / PRES.	CONSTANTINOS GRILLAS	1111 Ponce de Leon Blvd.	Coral Gables, FL 33134
		5-10-97	90096 024 - 150.00
		00004216875U	
		12/01/04--01016--018 **600.00	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/04   305-461-0403
Date   Daytime Phone #