CAPITAL CONNECTION 850 222 1222 03/28 '01 13:03 NO.332 01/01

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 -5 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P98000004323

1. Corporation Name

INUS MAI, INC.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 11836 US Highway 19 | 11710 HARVEST MOON CIRCLE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Port Richey, FL 34668 | City & State: Port Richey, FL 34668 |
| Zip: 34668 Country: USA | Zip: 34668 Country: USA |

REINSTATEMENT 0001

4. Date Incorporated or Qualified To Do Business In Florida: 01/13/98

5. FEI Number: 593494036 ☐ 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: NICKOLAS M. PAPADOPOULOS

100004014921--2
-04/18/01--01020--011
****900.00 ****900.00

Street Address (P.O. Box Number Is Not Acceptable): 11836 US Highway 19

Suite, Apt. #, Etc.:

LS

City: Port Richey | State: FL | Zip Code: 34668

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: [signature] REGISTERED AGENT MUST SIGN Date: April 2/2001

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 |
|---|---|---|---|
| PSTD | NICKOLAS M. PAPADOPOULOS | 11836 US Highway 19 | Port Richey, FL 34668 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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] NICKOLAS M. PAPADOPOULOS 4/2/01 862-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #