

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS <b>08 FEB 11 AM 10: 52</b>																														
<b>DOCUMENT #</b> P98000048950																																
<b>1. Corporation Name</b> <b>Michaeleen Burns &amp; Associates, Inc.</b>																																
<b>2. Principal Office Address - No P.O. Box #</b> <b>260 Crandon Blvd</b> Suite, Apt. #, etc. <b>#32-PMB 129</b> City & State <b>Key Biscayne, FL</b>																																
<b>3. Mailing Office Address</b> <b>260 Crandon Blvd</b> Suite, Apt. #, etc. <b>#32-PMB 129</b> City & State <b>Key Biscayne, FL</b>																																
Zip <b>33149</b>	Country <b>USA</b>	Zip <b>33149</b>	Country <b>USA</b>	<b>4. Date Incorporated or Qualified</b> To Do Business in Florida <b>06/01/1998</b>  <b>5. FEI Number</b> <b>65-0854152</b> <input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>  <b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>																												
<b>7. Name and Address of Current Registered Agent</b> Name <b>Mitchell J. Howard, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>3800 South Ocean Drive</b> Suite, Apt. #, Etc. <b>Suite 228</b> City <b>Hollywood,</b>			<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.																													
<b>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.</b>			Signature of Registered Agent <u>Mitchell J. Howard, CPA</u> Date <u>2/5/08</u> <b>REGISTERED AGENT MUST SIGN</b>																													
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 40%;">Name of Officers and/or Directors</th> <th style="width: 40%;">Street Address of Each Officer and/or Director</th> <th style="width: 10%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P/D</td> <td>Burns, Michaleen</td> <td>260 Crandon Blvd, #32-PMB 129</td> <td>Key Biscayne, FL 33149</td> </tr> <tr> <td>VP</td> <td>Scheib, Miros</td> <td>260 Crandon Blvd, #32-PMB 129</td> <td>Key Biscayne, FL 33149</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;"><i>T3/21/3/08</i></td> </tr> <tr> <td></td> <td><b>REINSTATEMENT 05-08</b></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	P/D	Burns, Michaleen	260 Crandon Blvd, #32-PMB 129	Key Biscayne, FL 33149	VP	Scheib, Miros	260 Crandon Blvd, #32-PMB 129	Key Biscayne, FL 33149				<i>T3/21/3/08</i>		<b>REINSTATEMENT 05-08</b>										
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<b>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 contained in Chapter 119, 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.</b>																																
<b>SIGNATURE:</b> <u>Mitchelle Burns</u> <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		1/24/2008      305-377-2881 Date      Daytime Phone #																														