CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 24 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000092255

1. Corporation Name
MINALLY, INC.

REINSTATEMENT 99-02

500008575865
10/24/02--01097--007 **1200.00

2. Principal Office Address	3. Mailing Office Address
20229 OCEAN KEY DRIVE	20229 OCEAN KEY DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FL	City & State: BOCA RATON, FL
Zip: 33498 Country: USA	Zip: 33498 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/29/1998

5. FEI Number: 22-3633 [illegible] — Applied For / Not Applica

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee req[illegible] for a Certificate of Stat

7. Name and Address of Current Registered Agent

Name: BIJAN FARAHAN

Street Address (P.O. Box Number is Not Acceptable): 20229 OCEAN KEY DRIVE

Suite, Apt. #, Etc.:

City: BOCA RATON | State: FL | Zip Code: 33498

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] Date: 10/03/2002

REGISTERED AGENT MUST SIGN

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
P/D	BIJAN FARAHAN	20229 OCEAN KEY DRIVE	BOCA RATON, FL 33498
VP/S/D	ORLY FARAHAN	20229 OCEAN KEY DRIVE	BOCA RATON, FL 33498

10/28

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] BIJAN FARAHAN 10/03/2002 954-835-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #