PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -6 PM 4: 44

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

DOCUMENT # P99000012523

1. Corporation Name

Mediation One, Inc.

REINSTATEMENT 06·03

2. Principal Office Address	**3.** Mailing Office Address
1140 Bayview Drive	1140 Bayview Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Ft Lauderdale FL	Ft Lauderdale FL

Zip 33304	Country USA	Zip 33304	Country USA

4. Date Incorporated or Qualified To Do Business in Florida   2/5/99

5. FEI Number 59-2596230

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
Michael A. Bernstein

Street Address (P.O. Box Number is Not Acceptable)
1140 Bayview Drive

8000020565158
06/06/03--01048--008   **12 9.75

Suite, Apt. #, Etc.

City Fort Lauderdale	State FL	Zip Code 33304

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 ____ 6/5/03 ____

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	Michael A. Bernstein	1140 Bayview Drive	Ft. Lauderdale, FL 33304

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: _____   6/5/03   954-561-4000

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