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 24 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000018825

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2000-2001 UBR

1. Corporation Name
MAP Enterprises, Inc.

2. Principal Office Address
1420 E. Altamonte Dr.
Suite, Apt. #, etc.
City & State: Altamonte Springs, FL
Zip: 32701 Country: U.S.

3. Mailing Office Address
1149 Waldorf CT
Suite, Apt. #, etc.
City & State: Winter Springs, FL
Zip: 32708 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: February 24, 1999

5. FEI Number: 59-3566858 [ ] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name: Mike Hamilla
Street Address (P.O. Box Number is Not Acceptable): 6955 Hanging Moss Rd
Suite, Apt. #, Etc.: Suite 106
City: Orlando State: FL Zip Code: 32807

8. I, being appointed the registered agent of the above named corporation, [illegible] obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent: [signature] Date: 4/23/01

9. Names and Street Addresses of Ea[illegible] st 3 directors)

Titles	Nam[illegible] Officers and [illegible]		City / State / Zip
Secretary	Robin Park[illegible]		Winter Springs, FL 32708
President	Robin Park[illegible]		Winter Springs, FL 32708
Director	Robin Park[illegible]		Winter Springs, FL 32708

NO Temp ID
201.25 - AR
88.75 - ARSUPP
10.00 - ARARTS
8.75 - Cert
308.75

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] 04/23/01 407-260-5389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (9/00)