## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Katherine Harris FOR Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS 05 DEC 19 AM II: 10 P99000032867 DOCUMENT # 1. Corporation Name SLORE LARY OF STATE TALLAHASSFE, FLORIDA EXECUTIVE INTERNATIONAL, INC. Principal Place of Business Mailing Address 17484 S.W. 31ST COURT 17484 S.W. 31ST COURT MIRAMAR FL 33029 MIRAMAR FL 33029 1100-05 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 04/05/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country Zip Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers City / State / Zip Title(s) and/or Directors Officer and/or Director DOSTON 200062332642 12/21/05--01055--002 \*\*\*300.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name BRYANT, GARY Street Address (P.O. Box Number is Not Acceptable) 17484 S.W. 31ST COURT MIRAMAR FL 33029 Suite, Apt. #, Etc. Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent

11. 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 filling 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:

SUBNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECIBTERED AGENT MUST SIGN

19/6/05 (964)
Date Daytime Phone #

Daytime Phone # 4 4 4 4 - 231 2

December 7, 2005

To whom it may concern:

In reference to Corporation Name Executive International, INC, document number P9900003267 for reinstatement.

I hereby request waiver of \$600.00 penalty due to I never received 2000 Annual Report. Enclosed is a check for the amount of \$900.00 to reinstatement my business.

Regards,

Gary Bryant President Executive International