


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> <b>03 FEB -7 PM 2:17</b> <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
<b>DOCUMENT #</b> P99000065892					
<b>1. Corporation Name</b> Misha, Inc.					
<b>2. Principal Office Address</b> 132 N.E. 20. Court  Suite, Apt. #, etc.			<b>3. Mailing Office Address</b> 132 N.E. 20th Court  Suite, Apt. #, etc.		
<b>City &amp; State</b> Wilton Manors, Fl  Zip 33305 Country USA			<b>City &amp; State</b> Wilton Manors, Fl  Zip 33305 Country USA		
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 7/26/99				<b>200012797262</b> 02/20/03--01008--002 **300.00	
<b>5. FEI Number</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input 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 Michael A. Esposito		
Street Address (P.O. Box Number is Not Acceptable) 132 N.E. 20th Court		
Suite, Apt. #, Etc.		
City Wilton Manors	State FL	Zip Code 33305

**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

Michael A. Esposito

REGISTERED AGENT MUST SIGN

Date 12-30-02

**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
DP	Michael A. Esposito	132 N.E. 20th Court	Wilton Manors, Fl 33305

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-02

Date

954-568-9954

Daytime Phone #

2002  
December 27, 2002

202  
132 N.E. 20<sup>th</sup> Court  
Wilton Manors, Florida 33305

Corporation Reinstatement Division  
Department of State  
409 East Gaines Street  
Tallahassee, FL 32301

Re: Misha, Inc.

Gentlemen:

My attorney, C. Glenn Leonard, is submitting, along with this letter, the form for Corporation Reinstatement.

I would appreciate it if you could waive the \$600 reinstatement fee, as I never received any of the annual reports to fill in on behalf of the corporation and return to your office. I moved from 2800 N. Federal Highway, Suite No. 8, in Boca Raton, Florida 2 - 3 years ago to my present address in Wilton Manors, Florida.

Thank you for your consideration in this matter.

Sincerely,



Michael A. Esposito  
Misha, Inc.