PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 01-02 UBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY -3 PM 4:21

DOCUMENT # P99000101352

1. Corporation Name
M & E Associates of Miami, Inc

000005600810--5
-05/23/02--01071--032
****308.75 ****308.75

2. Principal Office Address	3. Mailing Office Address
8306 Mills Drive	8306 Mills Drive
Suite, Apt. #, etc. 234	Suite, Apt. #, etc. Suite 234
City & State Miami, FL	City & State Miami, FL
Zip 33183 Country USA	Zip 33183 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/01/1999

5. FEI Number 65-0973530 — 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: Marilyn Rios

Street Address (P.O. Box Number is Not Acceptable): 7460 SW 123 Ave

Suite, Apt. #, Etc.:

City: Miami — State: FL — Zip Code: 33183

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: Marilyn Rios — REGISTERED AGENT MUST SIGN — Date: 4/30/02

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
P/T/S/Director	Marilyn Rios	7460 SW 123 Ave	Miami, FL 33183
VP/D	Ernesto Abreu	11922 SW 136 Pl	Miami, FL 33186

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: Marilyn Rios — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/30/02 — Daytime Phone #: 305 962-4001