


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000075144 1. Entity Name MWMS CORPORATION	
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FILED
07 DEC 24 PM 12: 57
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 801 BRICKELL KWY BLVD 2211 MIAMI, FL 33131	Mailing Address 801 BRICKELL KWY BLVD 2211 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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REINSTATEMENT 12/17/07 REINSTATEMENT 07

4. FEI Number 61-1454004	<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PELAEZ, JUAN 801 BRICKELL KEY BLVD #2211 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City
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7. Name and Address of New Registered Agent

Name Street Address (P.O. Box Number is Not Acceptable) City	State: FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Juan Pelaez 6. -PTD- JUAN PELAEZ 6. President (12/17/2007)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE	NAME	Delete
PTD	PELAEZ, JUAN	<input type="checkbox"/>
STREET ADDRESS	801 BRICKELL KEY BLVD # 2211	
CITY - ST - ZIP	MIAMI, FL 33131	
SD	CHALMETA, JULIO	<input type="checkbox"/>
STREET ADDRESS	16733 GOLF VIEW DRIVE	
CITY - ST - ZIP	WESTON, FL 33326	
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	Change	Addition
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Juan Pelaez 6. - Juan Pelaez 12/17/07 786-262-5018 305