

PLEASE READ ALL INSTRUCTIONS BEFORE CO..

APPROVED
AND
FILED

05 MAR 23 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000035276

1. Corporation Name
MR. MAYA CASH INC.

REINSTATEMENT 04-05

MRS

2. Principal Office Address
1 NE 1ST ST., METRO MALL

3. Mailing Office Address
1 NE 1ST ST., METRO MALL

Suite, Apt. #, etc.
SUITE 5

Suite, Apt. #, etc.
SUITE 5

City & State
MIAMI FL

City & State
MIAMI FL

Zip Country
33132 USA

Zip Country
33132 USA

4. Date Incorporated or Qualified
To Do Business in Florida 04/16/1999

5. FEI Number
65-0913628

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
MAYA, JOSEPH

Street Address (P.O. Box Number is Not Acceptable)
1 NE 1ST STREET

Suite, Apt. #, Etc.
SUITE 5

City
MIAMI

State Zip Code
FL 33132

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

jm

Date

REGISTERED AGENT MUST SIGN

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
PD	MAYA, JOSEPH	1 NE 1ST STREET SUITE 5	MIAMI FL 33132

700049937247
04/05/05--01087--014 **300.00

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:

jm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1:

Date

Daytime Phone #

CR2E081 (01/05)

292

March 18, 2005

Uniform Business Report
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DOC. # **P99000035276**
Re: MR. MAYA CASH INC.

To Whom It May Concern:

This letter is in regards to the corporation annual report for the year 2004 according to ours records we never received an annual report for our corporation. We are filled out blank report to your department because we never received the original report. Please accept our apologies and accept this 300.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,

PRESIDENT