

2006 FOR PROFIT CORPORATION REINSTATEMENT

1082

FILED

06 DEC -5 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
11292006 REIN-P CR2E098 (11/05)

DOCUMENT # P05000091705

1. Entity Name
FYM SERVICES CORPORATION



Principal Place of Business
**4201 INDIAN CREEK DR.
SUITE 10
MIAMI BEACH, FL 33140**

Mailing Address
**4201 INDIAN CREEK DR.
SUITE 10
MIAMI BEACH, FL 33140**

2. Principal Place of Business
**1736 S Bayshore Dr.
Suite Apt. #, etc. Suite 27k**

3. Mailing Address
**1736 S Bayshore Dr.
Suite Apt. #, etc. Suite 27k**

City & State
Miami - FL

City & State
Miami - FL

Zip
33132

Country
USA

Zip
33132

Country
USA

4. FEI Number
20-3251584

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LORENZI, FRANCO C
4201 INDIAN CREEK DR.
SUITE 2
MIAMI BEACH, FL 33140**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____
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, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LORENZI, FRANCO C 4201 INDIAN CREEK DR., SUITE 10 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400082286664 12/05/06--01023--003 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CORVALAN, MARIA M 4201 INDIAN CREEK DR., SUITE 10 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: FRANCO LORENZI 11/30/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell DEC - 5 2006