

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUL 27 PM 2:37

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # P0000000027623

1. Corporation Name

Mayshel's Service Inc

*[Handwritten Signature]*

700078466487

08/08/06--01027--011 \*\*908.75

2. Principal Office Address

2851 W 76 ST

3. Mailing Office Address

2851 W 76 ST

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

#102

City & State

Hialeah

City & State

Hialeah

Zip

33018

Country

FL

Zip

33018

Country

FL

REINSTATEMENT 01-06  
CR2E081 (12/05)

WOP

4. Date Incorporated or Qualified  
To Do Business in Florida

December 2002

5. FEI Number

65-1012255

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

Victor M. Gonzalez

Street Address (P.O. Box Number is Not Acceptable)

14992 SW 17 LN

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33185

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

*[Handwritten Signature]*

Date 07/26/06

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
President	Victor M. Gonzalez	14992 SW 17 LN	Miami FL 33185
Vice-president	Mayra Gonzalez	14992 SW 17 LN	Miami FL 33185

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 contained in Chapter 119, 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/26/06

Date

(305)485-8313

Daytime Phone #

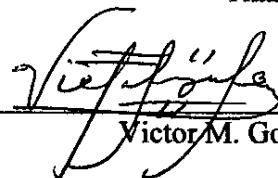
Mayshel's Service

2851 W. 76<sup>th</sup> St.  
Suite #102  
Hialeah, FL 33018  
Office (305) 220-6270  
Fax (305) 220-6271

To whom it may concern:

I am applying for a corporation reinstatement. I did not receive any notices for the year 2001. I would like the late fees to be waived.

Thank you,

  
\_\_\_\_\_  
Victor M. Gonzalez