PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 26 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000030824

1. Corporation Name

CEYM, INC.

2. Principal Office Address	3. Mailing Office Address
7220 N.W. 36 STREET	7220 N.W. 36 STREET
Suite, Apt. #, etc. SUITE 625	Suite, Apt. #, etc. SUITE 625
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33126 Country USA	Zip 33126 Country USA

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida 03/13/2000

5. FEI Number 65-1046762 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee is required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name JUAN ZUNIGA

Street Address (P.O. Box Number is Not Acceptable) 7220 N.W. 36th STREET

600060587096
10/13/05 01065 002 ****43.75

Suite, Apt. #, Etc. 625

City MIAMI | State FL | Zip Code 33126

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 ____ Date 9/22/05

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
PSTD	JUAN ZUNIGA	7220 N.W. 36 STREET	MIAMI, FLA. 33126

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: ____ JUAN ZUNIGA 9/22/05 (305-537-1476)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M. Williams SEP 26 2005

CEYM, INC.
7220 N.W. 36TH STREET
SUITE 625
MIAMI, FLORIDA 33126

SEPTEMBER 22, 2005

DEPARTMENT OF STATE
DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: CEYM, INC.
65-1046762

DEAR SIR/MADAM:

AS PER OUR TELEPHONE CONVERSATION ON SEPTEMBER 21, 2005 WE EXPLAIN TO ONE OF THE OFFICERS IN YOUR DEPARTMENT OF THE FOLLOWING:

WE DID NOT RECEIVE THE NOTICES FROM THE STATE TO PAY THE ANNUAL REPORT FEES.

HE ADVISE ME THAT THE NOTICES WERE RETURNED MAIL TO THE DIVISION OF CORPORATION. AS PER THE INSTRUCTIONS HE GAVE US, WE ARE SENDING THE AMOUNT OF $450.00 FOR THE YEARS OF 2003, 2004 AND 2005 TO REINSTATE THE CORPORATION.

PLEASE NOTE THAT THE ADDRESS TO THE CORPORATION IS:

CEYM, INC.
7220 N.W. 36TH STREET SUITE 625
MIAMI, FLORIDA 33126

THANK YOU FOR YOUR COOPERATION IN REGARDS TO THIS MATTER.

Charter Number Only

9/23

ALFONSO Rodriguez, P.A.
Requestor's Name
6780 coral way #100
Address
Miami, FL 33155
City State ZIP Phone
(305) 662-1824

VALIDATION ONLY

CORPORATION(S) NAME

CEYM, INC.

P00000030824

RECEIVED
05 SEP 26 AM 10:53
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

( ) Profit ( ) NonProfit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution	( ) Mark
( ) Limited Partnership	( ) Annual Report	( ) Other
(X) Reinstatement	( ) Reservation	( ) Change of Registered Agent
( ) Certified Copy	( ) Photo Copies	(X) Certificate Under Seal
( ) Call When Ready	( ) Call If Problem	( ) After 4:30
(X) Walk In ( ) Will Wait	(X) Pick Up	( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier