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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000100967

**1. Corporation Name**

MANDALAY HOLDINGS, INC.

**2. Principal Office Address**

1150 NW 72ND AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33126

Country

USA

**3. Mailing Office Address**

1150 NW 72ND AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33126

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida 10/17/2001**

**5. FEI Number**

65-1146233

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 04  
MKS

**7. Name and Address of Current Registered Agent**

Name

SIDNEY Z. BRODIE

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

7270 NW 12TH STREET

Suite, Apt. #, Etc.

PH-1

City

MIAMI

State

FL

Zip Code

33155

**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

REGISTERED AGENT MUST SIGN

Date 11-01-04

**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
PS	RAFAEL REYES	7300 SW 117 TERR	MIAMI FL 33156
P	ALEJANDRO LAPO	5025 COLLINS AVE 10TH FLOOR	MIAMI FL 33140
T	DANIEL MIRANDA	11045 SW 73CT	MIAMI FL 33156

**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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-01-04

Date

Daytime Phone #

CR2E081 (01/04)

2022

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

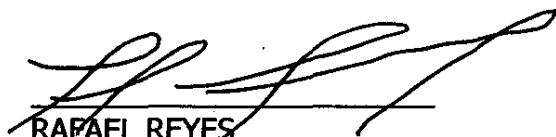
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR 2004 FROM YOUR OFFICE TO PAY THE UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

  
\_\_\_\_\_  
RAFAEL REYES  
PRESIDENT