

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 23 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000075043

1. Corporation Name

MABY INC.

2. Principal Office Address

5401 COLLINS AVE

Suite, Apt. #, etc.

514

City & State

MIAMI BEACH

Zip

33140

Country

3. Mailing Office Address

5401 COLINS AVE

Suite, Apt. #, etc.

514

City & State

MIAMI BEACH

Zip

3340

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/10/2002

5. FEI Number

11-3642331

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

JOSE M VEGA

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

25 SE 2 AVE

Suite, Apt. #, Etc.

410

City

MIAMI

State

FL

Zip Code

33131-1510

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 01/20/2004

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
DPS	DOMFROCHT, MIGUEL J	5401 COLLINS AVE # 514	MIAMI BEACH, FL. 33140

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

MIGUEL J DOMFROCHT, PI 01/20/2004 305-865-5798

Date

Daytime Phone #

CR2E081 (10/02)