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

900027523699
01/23/04--01059--019   **900 00

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

RED AGENT MUST SIGN

Date 01/20/2004

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)