DOCUMENT # P02000123323

1. Entity Name

MYPS Corporation Inc.

FILED
03 NOV 10 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## DO NOT WRITE IN THIS SPACE

REINSTATEMENT DO NOT WRITE IN THIS SPACE 03

| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number | Applied For |
|---|---|---|---|
| 3326-A Northcrest Rd | 3326-A Northcrest Rd | 36-4535523 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State: Doraville GA | City & State: Doraville GA | | |
| Zip: 30340 Country: USA | Zip: 30340 Country: USA | 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required | |

## DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Yogin L Vyas

Street Address (P.O. Box Number is Not Acceptable): 1215 Creighton Rd

City: Pensacola FL Zip Code: 32504

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Yogi

SIGNATURE of registered agent (if applicable) (NOTE: Registered Agent signature required when changing) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | President |
| NAME | Yogin Vyas |
| STREET ADDRESS | 3326-A Northcrest Rd |
| CITY-ST-ZIP | Doraville GA 30340 |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

300023962473
10/21/03--01029--012 **550.00

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| CITY-ST-ZIP | |

300023962473
11/10/03--01089--001 **200.00

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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Yogi 10-02-03

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