2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000122345

Entity Name: THE MAYOR'S CUP, INC.

FILED Dec 18, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2900 MIDDLE STREET 3300 RICE STREET SUITE 11 7TH FLOOR

COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133

Current Mailing Address: New Mailing Address:

2900 MIDDLE STREET 3300 RICE STREET

7TH FLOOR SUITE 11

COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALBELO, ANTHONY ALBELO, ANTHONY 3300 RICE STREET 2900 MIDDLE STREET

7TH FLOOR SUITE 11

COCONUT GROVE, FL 33133 US COCONUT GROVE, FL 33133 US

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.

SIGNATURE: ANTHONY ALBELO 12/18/2004

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition ALBELO, ANTHONY ALBELO, ANTHONY Name:

Name: 2900 MIDDLE STREET 3300 RICE STREET Address: Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: COCONUT GROVE, FL 33133

Title: () Delete Title: () Change () Addition Name: RYAN, NEDDA Name:

2900 MIDDLE STREET Address: Address: COCONUT GROVE, FL 33133 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY ALBELO PD 12/18/2004