

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000125593

Entity Name: MYAM, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

130 MAGELLAN STREET
PORT ST. JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

130 MAGELLAN STREET
PORT ST. JOE, FL 32456 US

New Mailing Address:

FEI Number: 11-3711169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONOUGH, MATTHEW L
521 E 4TH STREET
PANAMA CITY, FL 324013711 US

Name and Address of New Registered Agent:

REEVES, AMANDA S
130 MAGELLAN ST
PORT ST JOE, FL 32456 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: AMANDA S REEVES

04/22/2009

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: PRES () Delete
Name: REEVES, AMANDA S
Address: 130 MAGELLAN STREET
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: TREA () Delete
Name: REEVES, MYRA C
Address: 130 MAGELLAN STREET
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: SECR () Delete
Name: COX, KENNETH L
Address: 130 MAGELLAN STREET
City-St-Zip: PORT ST. JOE, FL 32456 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: AMANDA S REEVES

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date