

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR 24 AM 11:29

SEAL  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000045393

1. Corporation Name

S.P. MAY, Inc.

100073496561  
05/01/06--01054--001 \*\*900.00

2. Principal Office Address

TPC BLVD.

3. Mailing Office Address

Suite, Apt. #, etc.

5604

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Zip

33558

Country

Hills.

Zip

Country

REINSTATEMENT

05-06

4. Date Incorporated or Qualified  
To Do Business in Florida

3/12/04

5. FEI Number

20-0862777

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

~~Law Offices of NEIL S. SCHECHT, P.A.~~

Neil S. Schecht, Esq.

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

3630 West Kennedy BLVD.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 2-22-06

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
P	NASSERI, SIAVOSH	5604 TPC BLVD.	Lutz, FL. 33558
V	TAHMASEBI, MAHSHID	5604 TPC BLVD.	Lutz, FL. 33558
T	TAHMASEBI, PARVIZ	19144 Fern Meadows Loop	Lutz, FL. 33558

K. Eckel MAR 29 2006

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 contained in Chapter 119, 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:

SIAVOSH NASSERI

Nasser

02/27/06

(813) 767-2523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #