

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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO4000045393

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] Date 2-22-06
REGISTERED AGENT MUST SIGN

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, PARYIZ	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 Nasseri Date 02/27/06 Daytime Phone # (813) 767-2523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR