

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2009 APR

FILED

09 APR 23 AM 9:57

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

900152107519
04/23/09--01029--021 **150.00

CR2E081 (12/08)

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000045393

1. Corporation Name

S.P. May, Inc.

2. Principal Office Address - No P.O. Box #

5604 TPC BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

5604 TPC BLVD.

Suite, Apt. #, etc.

City & State

Lutz, FL.

City & State

Lutz, FL.

Zip

33558

Country

Zip

33558

Country

4. Date Incorporated or Qualified
To Do Business in Florida

March 12, 2004

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

Schecht, Neil S ESQ

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

3630 West Kennedy BLVD.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

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, Parviz	19144 Fern Meadow Loop	Lutz, FL. 33558

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:

Nasseri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-09

Date

(813) 767-2523

Daytime Phone #