

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000049209 1. Entity Name MAYIM CORPORATION						FILED 05 NOV -9 PM 2:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 5769 N.W. 7ST #273 MIAMI, FL 33126				Mailing Address 5769 N.W. 7ST #273 MIAMI, FL 33126					
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
4. FEI Number				☒ Applied For ☐ Not Applicable					
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MONTECELO, ALEXANDER 5769 N.W. 7ST #273 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
8. 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. I am familiar with, and accept the obligations of, registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTECELO, ALEXANDER 5769 N.W. 7ST #273 MIAMI, FL 33126			☐ Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition					
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE:				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	



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