

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000153553

Entity Name: MAE SERVICES P.A.

FILED
Oct 27, 2005
Secretary of State

Current Principal Place of Business:

402 S. ARMENIA AVENUE
SUITE 127
TAMPA, FL 33609

New Principal Place of Business:

3123 WINDLASS COURT
TAMPA, FL 33607

Current Mailing Address:

402 S. ARMENIA AVENUE
SUITE 127
TAMPA, FL 33609

New Mailing Address:

3123 WINDLASS COURT
TAMPA, FL 33607

FEI Number: 20-1828068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, DR TERRY M
402 S ARMENIA AVE STE 127
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

CRAWFORD, DR TERRY M
3123 WINDLASS COURT
TAMPA, FL 33607 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: DR. TERRY M. CRAWFORD

10/27/2005

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: PD () Delete
Name: CRAWFORD, TERRY M DR.
Address: 402 S. ARMENIA AVENUE SUITE 127
City-St-Zip: TAMPA, FL 33609

Title: S () Delete
Name: PIORNO, GIGI
Address: 8032 FAWN RIDGE CIR
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CRAWFORD, TERRY M DR.
Address: 3123 WINDLASS COURT
City-St-Zip: TAMPA, FL 33607

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 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 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: DR. TERRY M. CRAWFORD

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10/27/2005

Electronic Signature of Signing Officer or Director

Date