

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000172985

1. Entity Name
MAYOR MANAGEMENT SERVICES, INC.



FILED

06 MAR 30 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

955 NW 133 CT
MIAMI, FL 33182

Mailing Address

955 NW 133 CT
MIAMI, FL 33182

2. Principal Place of Business

7000 SW 13 Terr.
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

03292006 REIN-P CR2E098 (11/05)

City & State
Miami FL

City & State

4. FEI Number
20-2065627

Applied For
Not Applicable

Zip
33144

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name
Miriam Mayor
Street Address (P.O. Box Number is Not Acceptable)
7000 SW 13 Terr.
City
Miami FL Zip Code
33144

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)

3/29/06

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MAYOR, MIRIAM
955 NW 133 CT
MIAMI, FL 33182 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/Treasurer
Mayor, Alex
7000 SW 133 CT
Miami, FL 33144 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

REINSTATEMENT

100074537301
05/15/06--01003--020 ***300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/29/06

Date

786 488 6997

Daytime Phone #