2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000005038

MARTINEZ, MÁRIO

1508 BAY ROAD #427

MIAMI BEACH, FL 33139

Name:

Address:

City-St-Zip:

Entity Name: PRAXIS MMT CORP

FILED Jun 25, 2008 Secretary of State

Current P	rincipal Place of Business:	New Principal Place o	New Principal Place of Business:	
1508 BAY I	ROAD			
427 MIAMI BEA	NCH, FL 33139			
Current M	ailing Address:	New Mailing Address:	New Mailing Address:	
1508 BAY I	ROAD	2828 CORAL WAY		
427 MIAMI BEA	ACH, FL 33139	300 MIAMI, FL 33145		
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent	t: Name and Address of	Name and Address of New Registered Agent:	
1508 BAY I 427	Z, ALFONSO ROAD ACH, FL 33139 US			
The above in the State	named entity submits this statement for t	the purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: ALFONSO MARTINEZ			
Electronic Signature of Registered Agent		Agent	Date	
	ce with s. 607.193(2)(b), F.S., the corporation d	lid not receive the prior notice.		
	S AND DIRECTORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete MARTINEZ, MARIO 1508 BAY ROAD #427 MIAMI BEACH, FL 33139	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete MARTINEZ, MARIO 1508 BAY ROAD #427 MIAMI BEACH, FL 33139	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	T () Delete MARTINEZ, MARIO 1508 BAY ROAD #427 MIAMI BEACH, FL 33139	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title:	S () Delete	Title: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARIO MARTINEZ P 06/25/2008