2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000076621

Address:

City-St-Zip:

315 SOUTH WYMORE RD

ALTAMONTE SPRINGS, FL 32714

Entity Name: M T REYES II CORPORATION

FILED Oct 10, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	RE DAME DR NTE SPRINGS, FL 32714 US			
Current M	lailing Address:	New Mailing Addres	s:	
	RE DAME DR NTE SPRINGS, FL 32714 US			
FEI Number	: FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	I Address of Current Registered Agent	:: Name and Address	of New Registered Agent:	
385 E MAI	AX SERVICESINC N STREET FL 32703 US			
	e named entity submits this statement for t e of Florida.	he purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE: IVELISSE SANCHEZ			
	Electronic Signature of Registered	Agent	Date	
	ice with s. 607.193(2)(b), F.S., the corporation dimpaign Financing Trust Fund Contribution ().	id not receive the prior notice.		
	S AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PRE () Delete REYES, MARCO T 447 NOTRE DAME DR ALTAMONTE SPRINGS, FL 32714	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR () Delete SOTO, JUAN JOSE 315 SOUTH WYMORE RD APT 104 ALTAMONTE SPRINGS, FL 32714	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR () Delete REYES, ELIO MELVIN 315 SOUTH WYMORE RD APT 104 ALTAMONTE SPRINGS, FL 32714	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DIR () Delete BARRANTES, CARLOS	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: MARCOS REYES P 10/10/2007