

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000085713

1 Corporation Name

MAINSTREAM GROUP INC

2. Principal Office Address - No P.O. Box #

5441 SW 37TH ST

Suite, Apt. #, etc.

City & State

WEST PARK FL

Zip

33023

Country

USA

3. Mailing Office Address

5441 SW 37TH ST

Suite, Apt. #, etc.

City & State

WEST PARK FL

Zip

33023

Country

USA

CP2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
06/15/2005

5. FET Number

84-3500644

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Anael Cherny

Street Address (P.O. Box Number is Not Acceptable)

5441 SW 37TH ST

Suite, Apt. #, Etc.

City

WEST PARK

State

FL

Zip Code

33023

600336603116
11/04/19--01005--006 **2452.50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607 0505 or 617 0503, F.S.

Signature of
Registered Agent

Anael Cherny

REGISTERED AGENT MUST SIGN

Date 10/28/2019

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MARIE JOCELYNE LOUIS	5441 SW 37TH ST	WEST PARK FL 33023

NOV 04 2019

10 E-mail Address: mariej.louis58@gmail.com

(To be used for future annual report notification)

S. YOUNG

11 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607 0401 or 617 0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817 155, F.S.

SIGNATURE:

Anael Cherny

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/2019

786-277-8819

Date

Daytime Phone #