1082

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC -5 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000091705

1. Entity Name
FYM SERVICES CORPORATION

Principal Place of Business	Mailing Address
4201 INDIAN CREEK DR. SUITE 10 MIAMI BEACH, FL 33140	4201 INDIAN CREEK DR. SUITE 10 MIAMI BEACH, FL 33140

2. Principal Place of Business		3. Mailing Address	
1756 S Bayshore Dr.		1756 S. Bayshore Dr.	
Suite, Apt. #, etc. Suite 27k		Suite, Apt. #, etc. Suite 27k	
City & State Miami - Fl		City & State Miami - Fl	
Zip 33132	Country USA	Zip 33132	Country USA

REINSTATEMENT

11292006 REIN-P CR2E098 (11/05)

4. FEI Number 20-3251584 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

LORENZI, FRANCO C
4201 INDIAN CREEK DR.
SUITE 2
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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)** DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LORENZI, FRANCO C 4201 INDIAN CREEK DR., SUITE 10 MIAMI BEACH, FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400082286664 12/05/06--01023--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORVALAN, MARIA M 4201 INDIAN CREEK DR., SUITE 10 MIAMI BEACH, FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Franco Lorenzi 11/30/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell DEC - 5 2006