## · 2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVEL AND FILED

DOCUMENT # P05000118671  1. Entity Name MPY SERVICES CORP								OV -6 I Retary ( Ahassee			
Principal Place 100 HAMMO APT # 1106 KEY LARGO, I	CKS TRL	Mailing Address 100 HAMMOCKS TRL APT # 1106 KEY LARGO, FL KEY L-	AMMOCKS TRL 1106 RGO, FL KEY L-ARGO FL			TALL		PM1(4 8(1)) (4 88) H			
2. Principal Place of Business 1000 SE 20 Road 3.  Suite, Apt. #, etc.			0. Mailing Address 000 SE 00. Po45 Suite, Apt. #, etc.			1 122 11251 17			15112 51111 151-111		
			City & State			11012006 4. FEI Numb	REIN-P	CR2E	(11/05) 1   A	oplied For	
Homest		<i>P</i> .	I-homestean,				1690083		N	ot Applicable	
3300	Country 2/ S	A-	3303V	Country		5. Certificate	of Status Desire	:d 🔲	\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent							Address of Ne	w Registered	Agent		
CONTALET MAIDON D				Name	Name MATRON PERBZ. GONZAICE						
GONZALEZ, MAIRON P 100 HAMMOCKS TRL							er is Not Accepta	able)			
APT#1106 KEY LARGO, FL 33037				100	1000 SE De ROAD.						
I KET DARC	30,12 33037				City Homestead FL Zingososi						
A 71	1 20 1 2						(L. '- )L - ()L				
	named entity submits	inis statement for tr	ne purpose of changing its	reastered office of	r realstered	i adeni, or bo		reionoa. Lan	n iaminar with	, and accept	
the obligati	ions of registered oder	ıt. /					in, in the diale e				
	ions of registered ager	it.								,	
signature_	211	est .	hitle d applicable. (NOT)	E: Registered Agent signs	_			DATE	10/30	,	
SIGNATURE_	» Of e	ny of registered agent and	hile d applicable. (NOT)		_			DATE	70/30 07.193(2)(b),	/ <i>O</i> /	
SIGNATURE_	Signature, Apod or printed installed in Signature, Apod or printed installed in Signature, Apod or printed installed in Signature, Apod or printed in Signat	ny of registered agent and			atura required	when reinstating	In accordance corporation of	DATE  Ce with s. 60  did not recei	70/36 17.193(2)(b), we the prior	F.S., the notice.	
SIGNATURE _ FIL After Jan	Signature, Apod or printed installed in Signature, Apod or printed installed in Signature, Apod or printed installed in Signature, Apod or printed in Signat	150.00 will be \$300.00 OFFICERS AND DI		E: Registered Agent signs	A A A A A A A A A A A A A A A A A A A	ADDITIONS	In accordance corporation of CHANGES TO CO.	DATE  DEFICERS AND A COMMENT  DEFICERS AND A COMMENT  DEFICERS AND A COMMENT  DEFICERS AND A COMMENT  DATE  DATE  DATE  DATE	77.193(2)(b), ve the prior	F.S., the notice.	
SIGNATURE	Signature, Apod or printed that  E NOWIII FEE IS S THE TOTAL THE T	ny of registered agent and  150.00 will be \$300.00  OFFICERS AND DI  CON P  TRL  33037	RECTORS	E: Registered Agent signs  11.  TITLE NAME STREET ADDRESS	A HOW YUDS	ADDITIONS.  20 N FOO SE  PRESTRAD  15/5/5  5 SE	In accordance corporation of	DATE  Ce with s. 60  did not recei  DFFICERS AN  ON 2 ALE  3 3 0 3 V	17.193(2)(b), we the prior ID DIRECTOR	F.S., the notice.	
FIL After Jan  10. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS	P GONZALEZ, MAIR 100 HAMMOCKS KEY LARGO, FL SUAREZ, YUDEIS 100 HAMMOCKS	ny of registered agent and  150.00 will be \$300.00  OFFICERS AND DI  CON P  TRL  33037	RECTORS  Delete	E: Registered Agent signs  11.  TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	A HOW YUDS	ADDITIONS.  20 N FOO SE  PRESTRAD  15/5/5  5 SE	In accordance corporation of CHANGES TO CO POR FR. 3	DATE  Ce with s. 60  did not recei  DFFICERS AN  ON 2 ALE  3 3 0 3 V	17.193(2)(b), we the prior ID DIRECTOR	F.S., the notice.	
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SIGNATURE _  FIL  After Jan  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	P GONZALEZ, MAIR 100 HAMMOCKS KEY LARGO, FL SUAREZ, YUDEIS 100 HAMMOCKS	ny of registered agent and  150.00 will be \$300.00  OFFICERS AND DI  CON P  TRL  33037	RECTORS  Delete  Delete	E: Registered Agent signs  11.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	A HOW HOW HOW	ADDITIONS. 20 N FOO SE DESTRAD 2 SE DESTRAD 2 SE DESTRAD 11/1	In accordance corporation of CHANGES TO CO.  PREZ GO.  PREZ GO.  PR. 3  UAREZ  JO ROA  FR.	DATE  ce with s. 60 did not recei  OFFICERS AN  No No ALE  20  1303V  1769  063-01	77.193(2)(b), ve the prior ID DIRECTOF Change Change	F.S., the notice.  IS IN 11  Addition  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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

resident

10/30/06

Daytime Phone #

☐ Change

☐ Addition