


2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

06 NOV -6 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000118671		
1. Entity Name MPY SERVICES CORP		

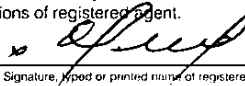
Principal Place of Business 100 HAMMOCKS TRL APT # 1106 KEY LARGO, FL KEY L-ARGO FL	Mailing Address 100 HAMMOCKS TRL APT # 1106 KEY LARGO, FL KEY L-ARGO FL
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2. Principal Place of Business 1000 SE 20 Road	3. Mailing Address 1000 SE 20. ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Homestead FL	City & State Homestead, FL
Zip 33085	Country USA
Zip 33035	Country USA

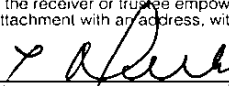
6. Name and Address of Current Registered Agent GONZALEZ, MAIRON P 100 HAMMOCKS TRL APT#1106 KEY LARGO, FL 33037	
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7. Name and Address of New Registered Agent Name MAIRON PEREZ GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 1000 SE 20 ROAD City Homestead FL Zip Code 33035	
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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 	DATE 10/30/06
(NOTE: Registered Agent signature required when reinstating)	

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, MAIRON P 100 HAMMOCKS TRL KEY LARGO, FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAIRON PEREZ GONZALEZ 1000 SE 20 ROAD Homestead, FL 33035 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUAREZ, YUDEISI 100 HAMMOCKS TRL KEY LARGO, FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YUDEISI SUAREZ 1000 SE 20 ROAD Homestead, FL 33035 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600081769475 11/14/06--01063--010 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 06 REC <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE 10/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President	