

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000130653</b> 1. Entity Name <b>MAPS &amp; MORE, INC.</b>				<b>FILED</b> <b>06 OCT 31 PM 12:58</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>2314 PONCE DE LEON BOULEVARD</b> <b>201</b> <b>CORAL GABLES, FL 33134</b>		Mailing Address <b>2314 PONCE DE LEON BOULEVARD</b> <b>201</b> <b>CORAL GABLES, FL 33134</b>			
2. Principal Place of Business <b>408 Valencia Street</b>		3. Mailing Address <b>408 Valencia Street</b>			
Suite, Apt. #, etc. <b>#5</b>		Suite, Apt. #, etc. <b>#5</b>			
City & State <b>Coral Gables, Florida</b>		City & State <b>Coral Gables, Fla</b>		4. FEI Number 10262006 REIN-P CR2E098 (11/05)	
Zip <b>33134</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MOLINA, CRISTINA</b> <b>2314 PONCE DE LEON BOULEVARD</b> <b>201</b> <b>CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name <b>408 Valencia St., #5</b> Street Address (P.O. Box Number is Not Acceptable) City <b>Coral Gables</b> <b>FL</b> <b>33134</b>			
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: <u><i>Cristina Molina</i></u> (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	P/D <b>MOLINA, CRISTINA</b> <b>2314 PONCE DE LEON BOULEVARD, #201</b> <b>CORAL GABLES, FL 33134</b>	P/D <b>MOLINA, CRISTINA</b> <b>408 Valencia Street #5</b> <b>Coral Gables, Florida 33134</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>600081401256</b> <b>10/31/06--01080--005 **150.00</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u><i>Cristina Molina</i></u>		10/26/06 3054422205			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			