

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008 OCT 14 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **P05000140081**

1. Corporation Name

MAYOR COMPUTER, INC.

100136984351
10/16/08--01044--001 **300.00

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box # 1570 West 43ST.ste5		3. Mailing Office Address 1570 West 43 Street	
Suite, Apt. #, etc. Suite #5		Suite, Apt. #, etc. Suite # 5	
City & State Hialeah, FL. 33012		City & State Hialeah, FL. 33012	
Zip 33012	Country US	Zip 33012	Country US

4. Date Incorporated or Qualified
To Do Business in Florida**10/13/2005**

5. FEI Number

20-3642302

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
Yoire MorenoStreet Address (P.O. Box Number is Not Acceptable)
820 NW 122 Street

Suite, Apt. #, Etc.

City
MiamiState
FL

Zip Code

33168☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **10/13/2008**

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	Yoire Moreno	820 NW 122 Street	Miami.FL. 33168

REINSTATEMENT
07-08
q88

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/2008

Daytime Phone #