

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000153336

FILED
Jun 04, 2008
Secretary of State

Entity Name: MAP COMMERCIAL RESTORATION INC.

Current Principal Place of Business:

6213 NW 45TH AVENUE
COCONUT CREEK, FL 33073

New Principal Place of Business:

3342 NW 70 AVE
MARGATE, FL 33063

Current Mailing Address:

6213 NW 45TH AVENUE
COCONUT CREEK, F 33073

New Mailing Address:

3342 NW 70 AVE
MARGATE, FL 33063

FEI Number: 20-3817311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBROW, ALAN
5401 N UNIVERSITY DR
204
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

BURRO, ALLEN J
3342 NW 70 AVE
204
MARGATE, FL 33063 US

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.

SIGNATURE: BURRO ALLEN

06/04/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PALMIERI, MARITZA
Address: 6312 NW 45TH AVENUE
City-St-Zip: COCONUT CREEK, FL 33073

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PALMIERI, PETER J
Address: 3342 NW 70 AVE
City-St-Zip: MARGATE, FL 33063

Title: VP () Change (X) Addition
Name: PALMIERI, MARITZA
Address: 3342 NW 70 AVE
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PALMIERI PETER

PD

06/04/2008

Electronic Signature of Signing Officer or Director

Date