2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000164247

Entity Name: MAYMON ENTERPRISES, INC.

FILED Jun 26, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

3090 PALM TRACE LANDINGS DR 8481 SPRINGTREE DRIVE

BLDG #18 UNIT #409 102B **DAVIE, FL 33314** SUNRISE, FL 33351

New Mailing Address: Current Mailing Address:

3090 PALM TRACE LANDINGS DR 8481 SPRINGTREE DRIVE BLDG #18 UNIT #409 102B

DAVIE, FL 33314 SUNRISE, FL 33351 US

FEI Number: 20-3950677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MALKA, MAYMON MALKA, MAYMON 3090 PÁLM TRACE LANDINGS DR 8481 SPRINGTREE DRIVE

BLDG #18 UNIT #409 102B DAVIE, FL 33314 US SUNRISE, FL 33351 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: MAYMON MALKA 06/26/2009

> 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: () Delete Title: (X) Change () Addition

MALKA, MAYMON Name: Name: MALKA, MAYMON 3090 PALM TRACE LANDINGS DR #409 Address: 8481 SPRINGTREE DRIVE Address:

City-St-Zip: DAVIE, FL 33314 US City-St-Zip: SUNRISE, FL 33351 US

Title: Title: () Change () Addition () Delete

Name: MALKA, RACHEL A Name: 1130 N LAS POSAS COURT Address: Address: RIDGE CREST, CA 93555 City-St-Zip: City-St-Zip:

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: MAYMON MALKA **PRES** 06/26/2009