2008 FOR PROFIT CORPORATION REINSTATEMENT

T	REINSTATEMENT							FIL	.Eo				
DOCUMENT # P06000119318 1. Entity Name MAI ATLANTIC CORP.							SECRETARY OF STATE DIVISION OF CORPORATIONS 08 JUN 16 PM 2: 55						
ļ						<u>"</u>							
Principal Plac		S	Mailing Address										
171 N W 97 # 501	TH AVENUE		171 N W 97TH AVENUE # 501										
MIAMI, FL 3	33172		MIAMI, FL 33172			i	1 J e 1 1212 171			1 2 1			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				06102008	REIN-P	CR2E098	(1/07)			
City & State			City & State				4. FEI Number	559136	<u> </u>	-	plied For ot Applicable		
Zip	Country		Zip Coun		ntry	5. Certificate of Status Desired			┌┐ \$8.	Fee Required			
	6. Name	and Address of Current	Name		7. Name and	Address of New Re	gistered Ager	nt					
MACHADO											_		
171 N W 9 # 501	97TH AVE	NUE	Street A			ess (P.O. Box Number is Not Acceptable)							
MIAMI, FL				-									
		•		City					FL	Zip Code	9		
8. The above named entity submits this statement of this 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 Signature, typed or printed rigges of registered agent and many applicable. (NOTE: Registered Apont algorithms required when reinstatting) DATE													
FI	LE NOW!!	FEE IS \$300.00						In accordance wi corporation did n	ith s. 607.193 ot receive the	(2)(b), l prior n	F.S., the notice.		
10.		OFFICERS AND	DIRECTORS	11.	 -		ADDITIONS/	CHANGES TO OFFIC	CERS AND DIR	ECTORS	S IN 11		
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NAME STREET ADDRESS	1	O, MARCO 97TH AVENUE # 501		NAM STRE	E ET ADDRESS		- 6 <u>6</u>	DQ1313	36,3,16	36			
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CITY-ST-ZIP				CITY	-ST-ZIP								
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 senature 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 is 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:													
		SIGNATURE AND TYPED OR PI	SIGNATURE AND TYPED OR PRINTED-HAME OF SIGNING OFFICER OR DIRECTOR Days Daytime Phone #										