

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 27 AM 10:48

DOCUMENT # P93 0000 05573

1. Corporation Name

MAPPIES SUPPLIES INC.

2. Principal Office Address

230 PARK AVENUE

Suite, Apt. #, etc.

10TH FLOOR

City & State

NEW YORK, NY

Zip

10169

Country

USA

3. Mailing Office Address

230 PARK AVENUE

Suite, Apt. #, etc.

10TH FLOOR

City & State

NEW YORK, NY

Zip

10169

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1/25/93.

5. FEI Number

05 0389481

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

NICOLE BASABE / ~~FABIAN BASABE~~

Street Address (P.O. Box Number is Not Acceptable)

10201 EAST BROADVIEW DRIVE

Suite, Apt. #, Etc.

FIRST FLOOR

City

BAY HARBOR ISLAND

State

FL

Zip Code

33154

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

Nicole Basabe *FABIAN BASABE*

Date 25 OCT 2006

REGISTERED AGENT MUST SIGN

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
PRES	NICOLE BASABE	10201 E. BROADVIEW DR.	BAY HARBOR FL 33154
DIR OF OPERATIONS	V.P. FABIAN BASABE	230 PARK AVE 10th FL	NY NY 10169
	tel no. 212 203 7146		000081259570 10/27/06--01007--008 **8.75

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:

FABIAN BASABE FABIAN BASABE

25 OCT 06

B. Mitchell OCT 27 2006

25OCT06

To Whom It may Concern:

Please find enclosed a corporate Reinstatement application. We did not receive notice for 2005 Renewal and ask kindly that you waive any late fees. Please note our new mailing address

c/o BASABE
MAPPES SUPPLIES INC.
~~230~~ 230 PARK AVENUE
10TH FLOOR
NY NY 10169

Billing telephone 212 203 7146

Enclosed is a self addressed envelope please mail us a receipt of this payment and a Certificate of status.

Best Regards

Fabiana Basabe

U.P.

212 203 7146