

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P94000041537

Entity Name: MYF, INC.

**FILED**  
**Nov 12, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

311 MIRACLE MILE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

311 MIRACLE MILE  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-0495163

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FONTE, MARYELLEN  
6840 SW 74TH AVE  
MIAMI, FL 33143 US

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

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: MARYELLEN FONTE

\_\_\_\_\_  
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: P ( ) Delete  
Name: FONTE, MARYELLEN  
Address: 6840 SW 74 AVE  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MARYELLEN FONTE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

11/12/2008

\_\_\_\_\_  
Date