2006 FOR PROFIT CORPORATION REINSTATEMENT

2006 JUL 24 PM 4: 13 ĎОСИМЕNТ # P95000078362 1. Entity Name SECRETAR'S OF STATE MUBAY CORPORATION TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 2951 S.W. 139TH AVE 2951 S.W. 139TH AVE MIAMI, FL 33175 MIAMI, FL 33175 3. Mailing Address 2. Principal Place of Business 14361 S.W. 14361 S.W. 31 Street 31 Street Suite, Apt. #, etc. Suite, Apt. #, etc 05152006 REIN-P CR2E098 (11/05) Applied For City & State City & State 4. FEI Number Miami, Florida Miami, Florida 65-0613874 Not Applicable Country USA Country USA \$8.75 Additional 33175-6543 33175-6543 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MUNERO, MARIA D Street Address (P.O. Box Number is Not Acceptable) 2951 S.W. 139TH AVE. MIAMI, FL 33175 Zip Code City FI 8. 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. X Change ☐ Addition TITLE TITLE n Delete MUNERO, MARIA D NAME NAME 14361 S.W. 31 Street STREET ADDRESS STREET ADDRESS 2951 S.W. 139 AVENUE Miami, Florida 33175-6543 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33175 ☐ Chance Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 08/01/06 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TIFLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change

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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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

unew SIGNATURE:

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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July 13, 2006

Division of Corporations P.O. Box: 6327 Tallahassee, Florida 32314

Re: Mubay Corporation 14361 S.W. 31 Street Miami, Florida 33175 Document # P95000078362

Gentleman:

Enclosed please find reinstatement form for the above mentioned corporation,

We never received the form probably because we moved and have a different address.

We are sending a check in the amount of \$300.00 to cover 2005 and 2006, thanking you for your help and cooperation in this matter.

Cordially,

Mubay Corporation

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Maria de los Angeles Munero