

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000104009

1. Corporation Name

M.Y.P. CORPORATION

Principal Place of Business

29714 SW 158 CT.
HOMESTEAD FL 33033

Mailing Address

29714 SW 158 CT.
HOMESTEAD FL 33033

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

18860 S.W. 316 ST.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

18860 S.W. 316 ST.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1996

5. FEI Number

65-0718769

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State
HOMESTEAD FL

Country
US

Zip
33033

City & State
HOMESTEAD FL

Country
US

Zip
33033

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RINCON, PABLO	29714 SW 158 CT.- 18860 S.W. 316 ST.	HOMESTEAD FL 33033

100003039951--2
-11/09/99--01074--004
****150.00 ****150.00

8. Name and Address of Current Registered Agent

RINCON, PABLO
29714 SW 158 CT.
HOMESTEAD FL 33033

9. Name and Address of New Registered Agent

Name
PABLO RINCON

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

18860 S.W. 316 ST.
Suite, Apt. #, Etc.

City
HOMESTEAD

State
FL

Zip Code
33033

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Pablo Rincon

REGISTERED AGENT MUST SIGN

Date 10/14/99

11. 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 under section 119.07(3)(i), 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: *Pablo Rincon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/14/99

Date

Daytime Phone #



11120 N. Kendall Dr., Suite 201
Miami, Florida 33176
Phone (305) 270-2040
Fax (305) 595-8695

BARRERAS & RACHLIN, P.A.

October 28, 1999

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: MYP CORPORATION
FEI: 65-0718769

ATTN: KATHERINE HARRIS

Dear Ms. Harris,

Our office has been requested to respond on behalf of the above referenced taxpayer. The business moved to a new location and they never received a prior notice of the Corporation Annual Report.

We are asking if you could please accept the payment of \$150.00 enclosed and reinstate this corporation. This is the first time that this corporation has ever filed late.

Again, we apologize for the oversight.

Sincerely,

BARRERAS & RACHLIN, P.A.


Lester Barreras