


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 08, 2008 8:00 A.M.
Secretary of State

DOCUMENT # P97000036292		
1. Entity Name MAI & ASSOCIATES, INC.		

Principal Place of Business 8010 FIRENZE BLVD. ORLANDO, FL 32836 US	Mailing Address 8010 FIRENZE BLVD. ORLANDO, FL 32836 US
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REINSTATEMENT FL 0101-10



2. Principal Place of Business - No P.O. Box # 8010 FIRENZE BLVD Suite, Apt. #, etc.	3. Mailing Address 8010 FIRENZE BLVD Suite, Apt. #, etc.
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01032008 REIN-P CR2E098 (1/07)

City & State ORLANDO, FLORIDA	City & State ORLANDO
Zip 32836	Country USA

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required


6. Name and Address of Current Registered Agent NGUYEN, MARY R. MAI 8010 FIRENZE BLVD. ORLANDO, FL 32826	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.	
SIGNATURE 	DATE 01/03/08

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NGUYEN, MARY T. MAI 5915 CRYSTAL VIEW DRIVE ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100114245781 01/08/08--01006--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHAN, HIEN T 343 W. 25TH STREET NEW YORK, NY 10001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 04/19/07 90216 034,50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
SIGNATURE: 	DATE 01/03/08 (407) 873-5646

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