2007 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT				FILED	
DOCUMENT # P9800006416			a a		
Entity Name     MYO & TOE ENTERPRISES, INC.				07 MAY 11 AM 10: 55	
		-		SECRETARY OF STATE TALLAHASSEE, FLORI <b>DA</b>	
Principal Place of Business Mailing Address  8359 LAKE CROWELL CIR 8359 LAKE CROWELL CIR ORLANDO, FL 32836 ORLANDO, FL 32836					
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Principal Place of Business - No P.O. Box #				6/4/06 90220 030 \$150, 1	
Suite, Apt. #, etc. Suite, Apt. #, etc.				63272007 REIN-P CR2E098 (1/07)	
City & State City & State				59-3494093 Not Applicable	
Zip Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TOE, SHWE 8359 LAKE CROWELL CIR		Street A	Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO, FL 32836					
_		City		FL Zip Code	
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its	s registered office of	or registere	ed agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE				5.4.06	
Signature, typed or printed name of registered agent an	d trie if applicable (NO)	TE: Registered Agent sign	nature require		
) 50 FILE NOW!!! FEE IS <del>\$900.00</del>					
10. OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME NYUNT, MYO STREET ADDRESS 8359 LAKE CROWELL CIR OTY-SI-ZIP ORLANDO, FL 32836	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change — Addition — 400103287364 — 05/25/0701020023 **158.75	
TITLE T NAME TOE, SHWE STREET ADDRESS 8359 LAKE CROWELL CIR	☐ Delete	TITLE 7 NAME STREET ADDRESS	MY	TINT, HLA HLA	
CHY-ST-ZIP ORLANDO, FL 32836		CITY-ST-ZIP	Sur	m L	
TITLE NAME STHEET ADDRESS CITY-ST-ZIP	Defete	NAME STREEL ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Delicte	NAME STREET ADDRESS CITY-ST-ZIP		, viaing	
TILLE NAME	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP			
12. Thereby 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 entrowered 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: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  On the Dayling Phone #					

## MTO & TOE ENTERPRISES, INC. 8359 LAKE CROWELL CIR ORALNDO, FL32836

March 27, 2007

Florida Department of State P.O.BOX 6327 Tallahassee, FL 32314

## **SUBJECT: Annual Report for 2006**

DOCUMENT NUMBER: P98000006416

To whom it may concern,

Please note that we have filed annual report for year 2006 and a check of \$150 has been cashed by your office. After the discussion with your agent on March 27, 2007, we found that we did not receive the rejected report from your office. Per your request, attached please find the 2007 for Profit Corporation Reinstatement and a check of \$150 for 2007 fee. It would be highly appreciated if you could kindly waive the penalty occurred for above matter. Thank you!

Sincerely yours,

Myo Nyunt, President