


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION REINSTATEMENT	 <p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
01 DEC 10 PM 2:18

DOCUMENT # **P98000094539**

1. Corporation Name
MAY ENTERPRISES, INC.

Principal Place of Business 1750 HAMMONDVILLE RD. POMPANO BEACH FL 33065	Mailing Address 1750 HAMMONDVILLE RD. POMPANO BEACH FL 33065
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3200 West Broward Blvd	3. New Mailing Office Address, If Applicable 3200 West Broward Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Fort Lauderdale FL	City & State Fort Lauderdale FL
Zip 33312 Country U.S.A	Zip 33312 Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida 11/05/1998
5. FEI Number 65-0874961
Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	HAMMAD, AMJAD A	4033 N.W. 73RD AVE.	CORAL SPRINGS FL 33065
			300004726743--7
			-12/14/01--01047--010
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

**HAMMAD, AMJAD A
4033 N.W. 73RD AVE.
CORAL SPRINGS FL 33065**

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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 **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/01
Date

Daytime Phone #

CR2E040 (8/01)

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11/14/01

To: Department of State

Subject: 2001 Annual Report

As per our conversation 11/08/2001 that we never received the first or second annual report submissions and know we received that our corporation has been dissolved, due you had our incorrect address, please enclosed find the original fee of \$ 150⁰⁰ with the re-instatement form as discussed with your department. SORRY for any inconvenience this could have caused

Sincerely,
Amos Ramirez
President