


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

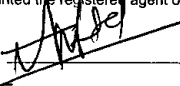
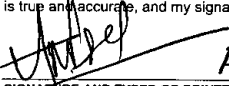
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000069811			
1. Corporation Name MAYS Inc. of TAMPA BAY			
2. Principal Office Address 223 ROSANA DRIVE Suite, Apt. #, etc.		3. Mailing Office Address 223 ROSANA DRIVE Suite, Apt. #, etc.	
City & State BRANDON FL		City & State BRANDON FL	
Zip 33511	Country USA	Zip 33511	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 8/6/99		5. FEI Number 59-3591336	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
2000-2001 UBR			
500004586255--9 -03/13/01--01002--003 ****300.00 ****300.00			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent	
Name ARCHANA M. PATEL	
Street Address (P.O. Box Number is Not Acceptable) 223 ROSANA DRIVE	
Suite, Apt. #, Etc.	
City BRANDON	State FL
Zip Code 33511	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent 		Date	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	ARCHANA M. PATEL	223 ROSANA DRIVE	BRANDON FL 33511
VICE PRESIDENT	MITUL PATEL	223 ROSANA DRIVE	BRANDON FL 33511
10. 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)(l), 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: 		ARCHANA M. PATEL	8/9/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone # 813-672-8533

CR2ED81 (9/00)

Sent By: RASKIN SHAH P.A.;

407 269 0090;

Aug-7-01 3:52PM;

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To: Department of State

Fr : Mays Inc of Tampa Bay

Re: P99000698711

Date: 8/7/01

Dear Sir or Madam:

Our corporation was formed back in 1999. At that time we put our mailing address as our old home address. Since then we have moved to a new house and did not realize to change address with a Division of Corporation. Since it was our first time to renew in year 2000, we did not know that it is supposed to renew every year.

We would like to request a removal of penalty/reinstatement fee due to above reason. Please find a check for \$300.00 for fees along with a reactivation form.

We appreciate it your cooperation.

Sincerely yours,



Archana M. Patel