PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000090553

1. Corporation Name
MAYAIR, INC

2. Principal Office Address
C/O CARLOS PARGAS, CPA
9100 S. Dadeland Blvd
Suite, Apt. #, etc.
1500
City & State
Miami, Florida
Zip 33156
Country

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip
Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 10/14/1999

5. FEI Number 65-0982121
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED NO
$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CARLOS PARGAS, CPA
Street Address (P.O. Box Number is Not Acceptable)
9100 S. Dadeland Blvd.
Suite, Apt. #, etc.
1500
City
Miami
State FL
Zip Code 33156

000285914240O
08/16/16--01025--016 **500.00

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
P S/T	LUIS ALBERTO BARZOLA BUCARAN	C/O CARLOS PARGAS, CPA 9100 S. DADELAND BLVD. SUITE 1500	MIAMI, FL 33156

10. E-mail Address: _____
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: ✓ _____ ✓ N/A
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #