


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 20 PM 1:09

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 000000 28226

1. Corporation Name  
Maintenance First, Inc.

W05000024321

**REINSTATEMENT 03-05**

2. Principal Office Address 1961 Raymond Tucker Road		3. Mailing Office Address 1961 Raymond Tucker Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee, Florida		City & State Tallahassee, Florida	
Zip 32311	Country USA	Zip 32311	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 3/21/2000	
5. FEI Number 593639099	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
Belinda Takach France, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
703 E. Tennessee Street

Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32308

300055189123  
05/24/05--01045--002 \*\*1050.00

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: *Belinda Takach France* Date: 5/19/05

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
D	John Scott	1961 Raymond Tucker Road	Tallahassee, FL 32311

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)(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: *John Scott* Date: 5-3-05 Daytime Phone #: 928-2246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)