

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 15 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000028226

1. Corporation Name

Maintenance First, Inc

2. Principal Office Address - No P.O. Box #

1961 Raymond Tucker Rd
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

TLH, FL

City & State

TLH, FL

Zip Country

32311 USA

Zip Country

32311 USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-363-9099

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

100161770231
10/15/09--01031--023 **\$800.00

CR2E081 (12/08)

7. Name and Address of Current Registered Agent

Name
FRANCES SIMON

Street Address (P.O. Box Number is Not Acceptable)
1961 Raymond Tucker Rd

Suite, Apt. #, Etc.

City
TLH

State Zip Code
FL 32311

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
FRANCES SIMON

Date
10-13-09

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
CEO	John Scott	1961 Raymond Tucker Rd	TLH, FL 32311
REINSTATEMENT			
		TLH	

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 contained in Chapter 119, 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 of John W. Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
10-12-09

Daytime Phone #
8505282246