PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN 29 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 84451

1. Corporation Name
Certified Maintenance Services, Inc.

Principal Place of Business	Mailing Address
754 Monroe Road Lake Monroe, Fla. 32747	P.O. Box 471208 Lake Monroe, Fla. 32747-1208

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96+97
MWB

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: Sept. 27, 1991

5. FEI Number: 59-3087893 (Applied / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Mark V. Manfredi	754 Monroe Road	Lake Monroe, Fla 32747-1208
Secty	Mark V. Manfredi	754 Monroe Road	Lake Monroe, Fla 32747-1208

100000207385I--3
-01/30/97--01069--008
****315.00 ****315.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Mark V. Manfredi 24 Canter Club Court DeBary, Florida	Name: Mark Filburn Street Address (P.O. Box Number is Not Acceptable): 221 NE Ivanhoe Vlvd. Suite 205 Suite, Apt. #, Etc.: Orlando, Fla 32804 City / State: FL / Zip Code

10. I, being appointed the registered agent of the above named corporation, accept the position with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Mark C Fil — Date: 1/28/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public disclosure. I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as provided for in Chapter 607 or 617, F.S. I further certify that 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., fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect under oath.

SIGNATURE: _____ 1/28/97 407 322 7780
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

POOR ORIGINAL