

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -6 PM 4:35

DOCUMENT # F01000002706

1. Entity Name
THE MAIDSTONE CORPORATION (TX)



Principal Place of Business
2404 CROWN KNOLL
PLANO, TX 75093

Mailing Address
5335 SPRING VALLEY ROAD
DALLAS, TX 75254

REINSTATEMENT 65



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10032005 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number

75-2927997

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

PETER F. SOUZA

REGISTERED AGENT

(NOTE: Registered Agent signature required when reinstating)

DATE

10/4/05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DORSEY, TIMOTHY J JR.
STREET ADDRESS 5335 SPRING VALLEY RD.
CITY-ST-ZIP DALLAS, TX 75254

TITLE ☐ Change ☐ Addition
NAME 300060500893
STREET ADDRESS 10/11/05--01063--011 **150.00
CITY-ST-ZIP

TITLE V ☐ Delete
NAME BEUTTENMULLER, RUDY
STREET ADDRESS 5339 SPRING VALLEY ROAD
CITY-ST-ZIP DALLAS, TX 75254

TITLE ☒ Change ☐ Addition
NAME 5335 SPRING VALLEY ROAD
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/3/05 972-991-2121