

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001128

1. Corporation Name

MAINTENANCE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

DALLAS TX 75231

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

2536 HANCOCK

Suite, Apt. #, etc.

9876 Plano ROAD

City & State

ORLANDO, FLORIDA

City & State

Dallas, TEXAS

Zip

32804

Country

Zip

75238

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/1996

5. FEI Number

65-0641831

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	CHARLES KROPP	9876 Plano Road	DALLAS TX 75238
SD	TRAVIS, JANE M	9876 Plano Road	DALLAS TX 75238
T	TRAVIS, TOBY L	9876 Plano Road	DALLAS TX 75238
DC	TRAVIS, WM B	9876 Plano Road	DALLAS TX 75238
			700004697967-3
			-11/29/01--01035--009
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Signature of
Registered Agent

BARBARA A. BURKE
SPECIAL ASSISTANT
REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-31-01

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., 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/01

Daytime Phone #

(214) 389-0990

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 01