

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 19 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FL 32301

DOCUMENT # F96000001128

1. Corporation Name

MAINTENANCE OF FLORIDA, INC.

2. Principal Office Address

2536 HANSROB

Suite, Apt. #, etc.

3. Mailing Office Address

9876 PLANO ROAD

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

DALLAS, TX

Zip

32804

Country

Zip

75238

Country

4. Date Incorporated or Qualified To Do Business in Florida 03/05/1996

5. Filing Number 65-0641831

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANATATION

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the duties of a registered agent under section 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

James A. Bordonaro
Assistant Secretary

Date

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
PD	SALLY SCHOPMEYER	9876 PLANO ROAD	DALLAS, TX 75238
SD	TRAVIS, JANE M	9876 PLANO ROAD	DALLAS, TX 75238
T	TRAVIS, TOBY	9876 PLANO ROAD	DALLAS, TX 75238
DC	TRAVIS, WM B	9876 PLANO ROAD	DALLAS, TX 75238

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)