


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED

05 DEC 20 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J 49947

1. Corporation Name

MAA Enterprises Inc  
6407 Muirfield Dr  
Greensboro, NC 27410

2. Principal Office Address

6407 Muirfield Dr

Suite, Apt. #, etc.

Greensboro, NC

City & State

Zip

27410

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

WOS - 53391

REINSTATEMENT 04-05

4. Date Incorporated or Qualified  
To Do Business in Florida

1/01/87

5. FEI Number

59-2772774

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

PATRICIA W. ANGELL

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

836 E INDIANA AVE

Suite, Apt. #, Etc.

DeLAND, FL 32724

City

State  
FL

Zip Code

32724

600060966836  
10/27/05--01038--007 \*\*150.00

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

Patricia W. Angell

REGISTERED AGENT MUST SIGN

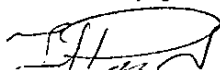
Date 12-16-05

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
President	HAUS POULAO	6407 Muirfield Dr	Greensboro, NC 27410
			600060966836 11/23/05 01053 004 **150.00

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 #

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Patricia A. Angell  
836 E Indiana Avenue  
Deland, FL 32724  
386-740-1494

October 14, 2005

Florida Department of State  
Secretary of State  
Division of Corporations

Re: M A A ENTERPRISES J 49947

I am requesting a forgiveness of the \$600.00 reinstatement fee because my client never received the request for filing. Mr. Hans Pourad has moved to North Carolina and the <sup>2004 report</sup> request was never forwarded to him. He is enclosing a check for \$150.00 for the year 2005. I believe this is the only year that was not paid.

Yours truly,

  
Patricia A. Angell, Accountant