

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 20 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J 49947

1. Corporation Name
M A A Enterprises INC
6407 Muirfield Dr
Greensboro, NC 27410

WOS - 53391
REINSTATEMENT 04-05

2. Principal Office Address
6407 Muirfield Dr
Greensboro, NC
City & State
Zip 27410 Country USA

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

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: DELAND, 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 Date: 12-16-05
REGISTERED AGENT MUST SIGN

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	HANS POZZO	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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/2

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 ²⁰⁰⁴ 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