

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

01-03



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 12 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09096 2001-2002-2003

1. Corporation Name MIKE'S MAINTENANCE, INC.

2. Principal Office Address
11203 Model Circle

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boca Raton, Fla.

City & State

Zip 33428 Country Broward

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0138358

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 Michael Rosen

Street Address (P.O. Box Number is Not Acceptable)
11203 Model Circle

000018801450
05/12/03--01031--006 **458 75

Suite, Apt. #, Etc.

City Boca Raton, Florida

State FL Zip Code 33428

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

Michael Rosen

REGISTERED AGENT MUST SIGN

Date 5/9/03

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
D	Michael Rosen	11203 Model Circle Dr.	Boca Raton, Fla. 33428

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:

Michael Rosen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 8, 2003

DEPT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

REF:2001/2002 and 2003 UBR REPORTS

IT HAS COME TO MY ATTENTION THAT THE STATE OF
FLORIDA HAS DISSOLVED MY CORPORATION DUE TO LACK OF FILING THE UBR
REPORTS FOR THE YEARS 2001 and 2002.

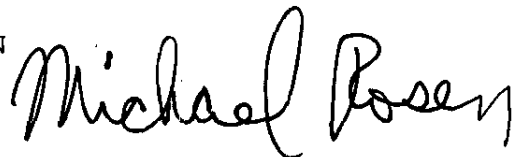
WE NEVER RECEIVED THE ORGIINAL REPORT FORMS IN THE
MAIL. IF YOU CHECK YOU ONLINE FILES YOU WILL SEE THAT YOU HAVE A
INCORRECT ADDRESS FOR ME IN CHIPLEY,FLORIDA. I LIVE IN BOCA RATON
FLORIDA, AND THE BUSINESS IS LOCATED AT 11203 MODEL CIRCLE WEST,
BOCA RATON, FLORIDA 33428.

I AM ENCLOSING A CHECK FOR \$458.75 FOR THE THE YEARS
OF 2001,2002,2003 and CERTIFICATE OF STATUSFOR MY RECORDS.

I WOULD APPRECIATE IT IF YOU COULD REINSTATE MY
CORPORATION DUE TO THE ERROR IN ADDRESS.

THANK YOU,

MICHAEL ROSEN

A handwritten signature in black ink that reads "Michael Rosen". The signature is written in a cursive style with a large, stylized "M" and "R".