

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 14 PM 1:23

DOCUMENT # **L40519**

1. Corporation Name

MAURO Properties, INC.
IN00000021043

2. Principal Office Address

1202 E. WASHINGTON ST

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32801

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1990

5. FEI Number

592995378

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

~~Greg White Accountant~~ **Michael S. MAURO**

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

~~Statebank Ave~~ **1202 E. WASHINGTON ST.**

Suite, Apt. #, Etc.

400003406654-4

-09/27/00-01072-003

City

~~Winter Park~~ **ORLANDO, FL 32801**

State *** 1058 75 *** 1058 75

FL 32801

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 S. Mauro

REGISTERED AGENT MUST SIGN

Date **8-17-00**

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
PRES	Donna M. MAURO	1202 E. WASHINGTON ST	ORLANDO, FL 32801
VP	Michael S. MAURO Sr.	1202 E. WASHINGTON ST SAME AS ABOVE	ORLANDO, FL 32801

REINSTATEMENT

98-00

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:

Michael S. Mauro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-17-00 407-896-8243

Daytime Phone #