


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000005369		
1. Entity Name MAHER UNITED SERVICES INC.		

Principal Place of Business 19676 DINNER KEY DR BOCA RATON, FL 33498	Mailing Address P.O. BOX 15292 FORT LAUDERDALE, FL 33318
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2. Principal Place of Business <i>19676 Dinner Key Dr</i> Suite, Apt. #, etc. <i>Boca Raton FL</i> City & State <i>33498</i> Zip	3. Mailing Address <i>19676 Dinner Key Dr</i> Suite, Apt. #, etc. <i>Boca Raton FL</i> City & State <i>33498</i> Zip	Country
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FILED
06 MAY 22 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282006 REIN-NP CR2E099 (11/05)

4. FEI Number 65-0708765	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VOLEL, MARYLINE 19676 DINNER KEY DR BOCA RATON, FL 33498	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <i>Maryline Volel</i> Signature typed or printed name of registered agent and title if applicable.	DATE <i>05-06-06</i> (NOTE: Registered Agent signature required when reinstating)
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FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOLEL, MARYLINE 19676 DINNER KEY DR BOCA RATON, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>900075548428</i> <input type="checkbox"/> Addition <i>05/31/06--01015--024 **131.25</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANIGAT, MARIE 9861 NW 3RD CT #4 PLANTATION, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALL, MARCIA 6007 RED PLUM CT TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>8/35/26</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Maryline Volel</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>05-06-06</i> Date	DAYTIME PHONE # <i>(561) 445-2021</i> Daytime Phone #
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Matter United Services Inc.
N00000005369
65-0708765
Maryline Volel
19676 Dinnes Key Dr
Boca Raton FL 33498
H (561) 883-3273
C (561) 445-2021

To whom it may concern
I did not receive the
Reinstatement form for
2005 that is why
it was not paid.
If it is possible to
please waive it for me
please. I am sending a
CK for \$122.50 + 8.75 =
\$131.25. Please call me if
not possible. Thank you