

PAPER 1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000006929

1. Corporation Name

THE MAINE EVENT OF PENSACOLA, INC.  
4305

2. Principal Office Address

4305 Old Spanish Trail

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

SAMB

Zip

Country

32504

Escambia

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

1/15/2000

5. FEI Number

59-3650426

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

Judy M. Bailey

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

807 W. Garden St.

Suite, Apt. #, Etc.

500035730815

05/07/04--01009--017 \*\*\$60.00

City

PENSACOLA

State

FL

Zip Code

32501

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

Judy M. Bailey

REGISTERED AGENT MUST SIGN

Date 4/30/04

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
SECRETARY PRES	Josephine Leech	3225 Logan Dr	Pensacola FL 32503

REINSTATEMENT OK 04

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:

Josephine Leech

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 (850) 438-5489

Date Daytime Phone #

CRE001 (01/04)

**MB BILL JONES TAX &  
BOOKKEEPING  
SERVICES INC.**

807 WEST GARDEN STREET  
PENSACOLA, FLORIDA 32501  
850-434-2531 TELEPHONE  
850-434-1520 FAX

*paperwork*

State of Florida  
Department of Corporations  
Tallahassee, Florida

Re: The Mane Event of Pensacola  
Corporation Status

Dear Sir or Madam:

It appears that The Mane Event of Pensacola is not an active corporation due to failure to file the annual business form. We were not aware of this until we were in the process of doing some financial restructurings. Josephine Leech is the owner of this corporation and she has never received the business forms to file since incorporating in January 2000. Apparently, these forms were received by Ms. Leech's former husband and never given to her. She was not aware of the filing requirement since she had always operated as a sole proprietorship. Therefore, we are enclosing \$600.00 to cover the years that have not been filed including 2004 due May 1. We ask that the penalties be abated and you reinstate this corporation to active status.

Thank you for your help in resolving this matter. If I can be of further assistance please contact my office.

Sincerely,

*Judy M. Bailey*

Judy M Bailey  
President

*Josephine Leech*