

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000055782

1. Corporation Name

MAITLAND MARKETING ASSOCIATES, INC.

Principal Place of Business

POST OFFICE BOX 941861  
MAITLAND FL 32794

Mailing Address

POST OFFICE BOX 941861  
MAITLAND FL 32794

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/2000

5. FEI Number

59-3662434

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	HUFF, BLANCHARD	POST OFFICE BOX 941861 N/A	MAITLAND FL 32794
		1931 OLD COLONY LANE MAITLAND, FL 32751	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARLSON, SHARON  
2801 PONCE DE LEON BLVD.  
SUITE 1100  
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

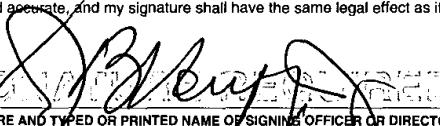
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

CR2EAD (8/01)

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/01 647-3512  
Date Daytime Phone #

10/22/01

Florida Dept of Corporations  
Tallahassee, FL

Dear Sirs,

Today I received Revocation of  
My Corporation - Midland Marketing  
Assoc., Inc. I have previously  
mailed in my check for \$550.00  
which was received by you before  
the due date. My check #1035  
cleared my bank account on 9/14/01.  
I never received the letter sent  
to me requesting the fax ID#  
as I the first correspondence  
was this letter of revocation.  
Please reinstate my corporation  
and waive any fees.

or penalties.

Thanks for your help -

J. B. Slagle

Pres,  
Midland Marketing Assoc. Inc