

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000055782		<div>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 OCT 24 PM 4:19</div> <div>09-12-01 90004 018 \$550.00</div>	
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		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida		06/01/2000	
5. FEI Number		Applied For	
59-3662434		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	HUFF, BLANCHARD	POST OFFICE BOX 941861 N/A	MAITLAND FL 32794
		1931 Old Colony Lane MAITLAND, FL 32151	
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		Date	
SIGNATURE REQUIRED			
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 REQUIRED		Date 10/22/01 Daytime Phone # 647-3512	

10/22/01

Florida Dept of Corporations
Tallahassee, FL

Sentinel,

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 tax ID#
and the first correspondence
was this letter of revocation.
Please reinstate my corporation
and waive any late fees.

or penalties.

Thanks for your help -

J. Bluff

Pres.

Westland Marketing Assoc. Inc