2007 FOR PROFIT CORPORATION REINSTATEMENT

-**DOCUMENT # P00000075695** 2007 OCT 29 PM 2: 55 DHS MAINTENANCE MANAGEMENT INC. SECRETARY OF STATE TALLAHASSEE, FLORID Mailing Address Principal Place of Business 352 CONNECTICUT AVE 327 W NY AVE LAKE HELEN, FL 32744 LAKE HELEN, FL 32744 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. REIN-P 09212007 CR2E098 (1/07) Applied For 4 FEI Number City & State City & State 59-3662940 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRESTON, TODD W Street Address (P.O. Box Number is Not Acceptable) 352 CONNECTICUT AVE LAKE HELEN, FL 32744 City Zip Code FL 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 SIGNATURE. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2008, Fee will be \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILE TITLE ☐ Change ☐ Addition Delete PRESTON, TODD W MARA NAME 500111460865 352 CONN AVE STREET ADDRESS STREET ADDRESS 10/29/07--01084--020 **150.00 CHY ST ZIP LAKE HELEN, FL 32744 CITY ST ZIP mut Delete THE ☐ Change Addition PRESTON, CYNTHIA B NAME NAME STREET ADDRESS 352 CONN AVE STREET ADDRESS LAKE HELEN, FL 32744 CITY-ST-ZIP CITY-S1-ZIP ☐ Delete THILE THEE ☐ Addition ☐ Change PRESTON, TODD W NAME NAME 352 CONNECTICUT AVE STREET ADDRESS STREET ADDRESS CITY-SI-ZIP LAKE HELEN, FL. 32744 CITY - ST - ZIP 101LE ☐ Delete HILL ☐ Change Addition PRESTON, TODD W NAMÉ NAM 352 CONNECTICUT AVE STREET ADDRESS STREET ADDRESS LAKE HELEN, FL 32744 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all othe) like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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