

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		
DOCUMENT # P01000007488		

1. Corporation Name

Mayport Maintenance Services Inc.

2. Principal Office Address - No P.O. Box # 6424 Pinelock Dr		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State	
Zip 32211	Country Duval	Zip	Country

7. Name and Address of Current Registered Agent

Name
Peter Pestano

Street Address (P.O. Box Number is Not Acceptable)
1977 Sandhill Crane DR

Suite, Apt. #, Etc.

City
Jacksonville

State
FL Zip Code
32224

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



REGISTERED AGENT MUST SIGN

Date **8/31/09**

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
preside	Peter Pestano	1977 Sandhill Crane Dr	Jacksonville, FL, 32224

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 contained in Chapter 119, 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: Peter Pestano - PETER PESTANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/09 - 904-302-9594
Date Daytime Phone #

FILED
09 SEP 18 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-09

700160821517
09/18/09--01048--002 **1800.00
CR2E081 (12/08)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number	<input checked="" type="checkbox"/> Applied For
	<input type="checkbox"/> Not Applicable

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

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.