PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 18 AM 10:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000067110

1. Corporation Name MAID TEAM, INC

REINSTATEMENT 02-03

000016229760
04/17/03--01097--013 **308.75

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 10300 NW 19 STREET | 10300 NW 19 STREET |
| Suite, Apt. #, etc.: STE #110 | Suite, Apt. #, etc.: STE #110 |
| City & State: MIAMI, FL | City & State: MIAMI, FL |
| Zip: 33172 Country: USA | Zip: 33172 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 07/09/2001

5. FEI Number: 65-1132010 ☐ Applied For ☐ Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name: MARTHA BATISTA

Street Address (P.O. Box Number is Not Acceptable): 10300 NW 19 STREET

Suite, Apt. #: STE #110

City: MIAMI State: FL Zip Code: 33172

**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: M. Batista C. Date: 04/12/2003

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

**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 |
|---|---|---|---|
| PST | LAZARTE, LUIS H. | 10300 NW 19 STREET, STE110 | MIAMI, FL |
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**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: LUIS LAZARTE Date 305-470-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

jp 4/18