


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b> N 06 00008447	
<b>DOCUMENT #</b> P01000094254			
<b>1. Corporation Name</b> MIAMI NATION MAINTENANCE Co.			
<b>2. Principal Office Address</b> 498 SW 34 STREET		<b>3. Mailing Office Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT. LAUDERDALE, FL		City & State	
Zip 33315	Country USA	Zip	Country

FILED

06 MAR -2 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 02-04  
CR2E081 (12/05)

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 9/24/2001	
<b>5. FEI Number</b> 65-1442627	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>		
Name DOUGLAS J. BARNARD, ESQ		
Street Address (P.O. Box Number is Not Acceptable) 110 E. BROWARD BLVD.		
Suite, Apt. #, Etc. SUITE 1700		
City FT. LAUDERDALE, FL	State FL	Zip Code 33301

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05/12/06--01025--015 \*\$1350.00

**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

*Douglas J. Barnard, Esq.*  
REGISTERED AGENT MUST SIGN

Date 01/18/06

**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
P/D	CLAYTON I. GAMBER	9324 NW 50th CIR N	MIAMI, FL 33178
S/D	ROBIN V. GAMBER	"	"

**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

*Clayton I. Gamber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAYTON I. GAMBER

Date

2/14/2006

Daytime Phone #

954-357-8266