

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

200026149962
01/06/04--01039--025 **300.00

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 802-22162			
1. Corporation Name MAZ Professional Services, Inc.			
2. Principal Office Address 142 Villa Di Este Terrace Suite, Apt. #, etc. #208 City & State: Lake Mary, FL Zip 32746 Country		3. Mailing Office Address (Same) Suite, Apt. #, etc. City & State Zip Country	

4. Date Incorporated or Qualified To Do Business in Florida 2/26/02	
5. FEI Number 59-3150786	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name: Robert A. MAZIARZ	
Street Address (P.O. Box Number is Not Acceptable): 142 Villa Di Este Terrace	
Suite, Apt. #, Etc. #208	
City: LAKE MARY	State: FL Zip Code: 32746

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: [Signature]	Date: 12/31/03
REGISTERED AGENT MUST SIGN	

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
DVPST	Robert A. MAZIARZ	142 Villa Di Este Terr. #208	LAKE Mary, FL 32746

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: [Signature]	12/31/03 407 771 6843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date Daytime Phone #	

CR2E081 (10/02)

JOHN R. BRINSON, Jr.

*ATTORNEY AT LAW**

1155 LOUISIANA AVENUE, SUITE 204

*Admitted in Mississippi

WINTER PARK, FL 32789-2351

(407) 622-6500

Fax: (407)-629-7426

December 31, 2003

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: MAZ Professional Services, Inc.
Document No. Po2000022162
Administrative Dissolution for Annual Report

Dear Sir or Madam:

Attached you will find your Corporation Reinstatement form regarding the above referenced. Please accept this as my client's formal request that the six hundred (\$600.00) dollar fee be waived. The reason the report was not filed timely was that the corporation moved and changed its address. The address forwarding by the U.S. Post Office did not work as well as expected consequently, the corporation failed to receive notification the form was due. Please note the change of the corporation's address from 13953 Fairway Island Dr. #611, Orlando, FL 32837 to the new address of 142 Villa DI Este Terrace, Suite 208, Lake Mary, FL 32746.

Enclosed you will find a corporate check in the amount of three hundred (\$300.00) dollars representing the fee for the 2003 annual report as well as the 2004 uniform business report.

We appreciate your consideration of this matter and hope you will look favorably upon our request.

Sincerely,



John R. Brinson, Jr.

JRB:nn

Encl.