

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000036370

1. Corporation Name

MAIKA PROPERTIES, INC.

2. Principal Office Address - No P.O. Box #

801 ROSWELL COVE
Suite, Apt. #, etc.

3. Mailing Office Address

801 ROSWELL COVE
Suite, Apt. #, etc.

City & State

LAKE MARY, FL

City & State

LAKE MARY, FL

Zip

32746

Country

USA

Zip

32746

Country

USA

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

3/28/2002

5. FEI Number

743036472

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT G. WILSON

Street Address (P.O. Box Number is Not Acceptable)

974 TURKEY HOLLOW CIR

Suite, Apt. #, Etc.

City

WINTER SPRINGS

State

FL

Zip Code

32708

☒ 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.

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

Robert G. Wilson

Date 3/23/07

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
Officer <u>Officer</u>	<u>MARIA PIFFER</u>	<u>801 ROSWELL COVE</u>	<u>LAKE MARY, FL 32746</u>

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:

Maria Piffer

MARIA PIFFER

3/23/07

407-833-0880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #