PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 15 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000083771

1. Corporation Name
100 % MAINTENANCE CORPORATION

2. Principal Office Address	3. Mailing Office Address
	414-N Cypress Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TEQUESTA, FL	City & State: TEQUESTA, FL
Zip: 33469 Country:	Zip: 33469 Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 51-0417530 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: SIMON LOPEZ

Street Address (P.O. Box Number is Not Acceptable): 414-A N CYPRESS DR

Suite, Apt. #, Etc.:

City: TEQUESTA State: FL Zip Code: 33469

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: Simon Lopez Date: 8/24/2004
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
P	COLMENAREZ, ODALIS	414-A N CYPRESS DR	TEQUESTA, FL 33469
VP	LOPEZ, SIMON	414-A N CYPRESS DR	TEQUESTA, FL 33469
		12/14/04--01052--007 **300.00	

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: Simon Lopez 8/24/04 (561)6028677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

August 18, 2004

Division of Corporations
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, Fl 32302-1500

DOC #: P02000083771

To Whom This May Concern,

I am writing this letter because I have been inform by my accountant that my corporation 100 % MAINTENANCE CORPORATION.has been dissolved for failure to send in my Uniform Business report for the years 2003 and 2004 and payment of the renewal fee. I have not yet received any correspondence in the mail to renew my corporation.

I have enclosed a check for the amount of $300.00 to pay for the 2003 and 2004 renewal with a complete Uniform Business Report. Thank you for your help in this matter. If there is anything else that needs to be done please contact me.

Sincerely,

100 % MAINTENANCE CORPORATION.

Odalis Colmenarez
President