

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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 Florida5. FEI Number
51-0417530Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐35.75 Additional fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
SIMON LOPEZStreet Address (P.O. Box Number is Not Acceptable)
414-A N CYPRESS DR

Suite, Apt. #, Etc.

City
TEQUESTAState
FLZip Code
33469

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 8/24/2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/04 (561)6028977

Date

Daytime Phone #

August 18, 2004

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

DOC #: P02000083771

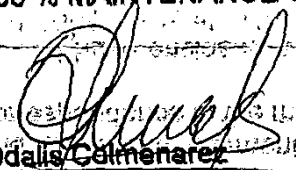
To Whom This May Concern,

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