

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000088422**

1. Corporation Name

MAPLE HOUSE DESIGNS, INC.

Principal Place of Business

19227 SABAL LAKE DRIVE
BOCA RATON FL 33434

Mailing Address

19227 SABAL LAKE DRIVE
BOCA RATON FL 33434

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~851 SE 6th Ave Suite 104~~
~~Delray Beach FL 33483~~
City & State

3. New Mailing Office Address, If Applicable

~~851 SE 6th Ave Suite 104~~
~~Delray Beach FL 33483~~
City & State

4. Date Incorporated or Qualified To Do Business in Florida

08/14/2002

5. FEI Number

55-079 4002

Applied For

Not Applicable

Zip

33483

Country

USA

Zip

33483

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVST	GAMAREL, MAUREEN S	19227 SABAL LAKE DRIVE	BOCA RATON FL 33434
D	GAMAREL, MAUREEN S	19227 SABAL LAKE DRIVE	BOCA RATON FL 33434

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8. Name and Address of Current Registered Agent

GAMAREL, MAUREEN S
19227 SABAL LAKE DRIVE
BOCA RATON FL 33434

9. Name and Address of New Registered Agent

Name

Jet Set Pets (Maple House Designs DBA JSP)

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

851 SE 6th Ave Suite 104

Suite, Apt. #, Etc.

Delray Beach

City

State

FL

Zip Code

33483

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10 03

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10 03

Daytime Phone #

1/8/2012

This was paid. I spoke
with Tom at the appropriate
phone number. He assures me

they have the paperwork
& payment. This letter is an
error on your part.

This is also the only copy sent
to my home address. Everything
else come to the business

Sincerely

Amreen S Gaurani

