APPROVED AND FILED

07 JUN 18 AM 10: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 of 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000071858

1. Corporation Name

MAIDA INC.

REINSTATEMENT 05-07

CR2E081 (9/07)

2. Principal Office Address	3. Mailing Office Address
14374 CROWBERRY CT.	14374 CROWBERRY CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH FL	City & State: WEST PALM BEACH FL
Zip: 33414 Country: US	Zip: 33414 Country: US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 611454731 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ANTHONY MAIDA

Street Address (P.O. Box Number is Not Acceptable): 14374 CROWBERRY CT.

Suite, Apt. #, Etc.

City: WEST PALM BEACH State: FL Zip Code: 33414

☑ 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 [illegible], F.S.

Signature of Registered Agent: X [signature] REGISTERED AGENT MUST SIGN Date: 06/14/2007

9. Names and Street Addresses of Each Officer and/or Director [illegible]

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	ANTHONY MAIDA	14374 CROWBERRY CT.	WEST PALM BEACH FL 33414

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. [illegible] on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] Anthony Maida 06/14/2007 561-329-0888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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H07000159880 3

DATE: 06/14/2007

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

293

FROM: MAIDA INC. P03000071858
ANTHONY MAIDA

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS FOR 2005, 2006 AND 2007

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 561-329-0988

THANKS.

X _____
MAIDA INC.
ANTHONY MAIDA

3 of 3

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

CORPORATION REINSTATEMENT

MAIDA INC.

Certificate of Status	0
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