

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT 17 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P04000133977

1. Corporation Name

**MAI LITTLE STARZ KIDZ PHAZE II, INC.**

2. Principal Office Address  
**4801 BASS WOOD LANE**

Suite, Apt. #, etc.

City & State

**ORLANDO/FLORIDA**

Zip

**32808**

Country

**USA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date incorporated or Qualified  
To Do Business in Florida

**4/30/2004**

5. FEI Number

**80-0121895**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**MAI EAST**

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

**4801 BASS WOOD LANE**

Suite, Apt. #, Etc.

City

**ORLANDO**

State

**FL**

Zip Code

**32808**

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

*MAI EAST*

Date

**10/4/2005**

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| PRES   | MAI EAST                             | 4801 BASS WOOD LANE                               | ORLAND/FLORIDA/32808 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

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:

*MAI EAST*

MAI EAST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/2005

Date

(407) 895-5933

Daytime Phone #

Robinson and Robinson Inc.

OCTOBER 04, 2005

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that MAI LITTLE STARZ KIDZ PHAZE II ,  
INC. , has relocated. The named Corporation did not receive a Annual  
Corporate Reports, for the year (2005). Due to these circumstances we are  
asking that you abate the reinstatement fees. The payment of \$150.00 is  
enclosed for the said years. If there are any questions you can contact me at  
(407) 895-5933. Document #P04000133977.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson