

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAY 23 AM 10:01

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P050000022437

1. Corporation Name

MAPS UNLIMITED, INC.

2. Principal Office Address - No P.O. Box #

1801 W. GULF TO LAKE HWY

3. Mailing Office Address

P.O. Box 125

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LECANTO FL

City & State

LECANTO FL 34460

Zip

34461

Country

USA

Zip

34460

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

2-11-05

5. FEI Number

20-2320742

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee Required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael A. Paglia JR

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

718 SE 14TH AVE

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34471

☒ 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 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Michael A. Paglia JR*

REGISTERED AGENT MUST SIGN

Date 5-3-07

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
PRES	Michael A. Paglia JR	718 SE 14TH AVE.	Ocala FL 34471
V-P	Michael A. Paglia III	3620 SE 49TH ST	Ocala FL 34480
T	JEAN E. Paglia	718 SE 14TH AVE	Ocala FL 34471
S	ANN MARIE J. Smith	4906 SE 28TH PL	Ocala FL 34471
300103125529 05/23/07--01045--019 **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 contained in Chapter 119, 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

MICHAEL A. PAGLIA JR

Date

5-3-07

Daytime Phone #

352  
746 5272