2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000096253

Entity Name: MAIDS BY THE BAY, INC.

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
10460 LUCAYA DRIVE TAMPA, FL 33647			H FL	AYNE BLVD	
				, FL 33180	US
Current Mailing Address:			New Mailing Address:		
10460 LUCAYA DRIVE TAMPA, FL 33647			20801 BISCAYNE BLVD 4TH FL AVENTURA, FL 33180 US		
FEI Number: FEI Number Applied For() FEI Num		() FEI Number	nber Not Applicable (X)		Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
10460 LUCAYA DRIVE TAMPA, FL 33647 US The above named entity submits this statement for the purpose of			BROCKMAN, KEITH 20801 BISCAYNE BLVD AVENTURA, FL 33180 US f changing its registered office or registered agent, or both,		
in the State of Florida.					
SIGNATUR	E: KEITH BROCKMAN Electronic Signature of Register				02/12/2009 Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					
Title: Name: Address: City-St-Zip: Title:	P () Delete BOWERMAN, LIBBY K 10460 LUCAYA DRIVE TAMPA, FL 33647 VP () Delete		me: dress: y-St-Zip:	SINCLAIR, NICC 20801 BISCAYN AVENTURA, FL	E BLVD 4TH FL
Name: Address: City-St-Zip:	BOWERMAN, BRETT J 10460 LUCAYA DRIVE TAMPA, FL 33647		dress:	BERRY, JOYCE 2255 GLADES R BOCA RATON, F	
Title: Name: Address: City-St-Zip:	()Delete	Add	me: dress:	HOLSCHUH, TAI 1451 WEST CYI	Change (X) Addition MARA PRESS CREEK RD., STE. 300 .E, FL 33309 US
Title: Name: Address: City-St-Zip:	() Delete		me: dress:	VAN, MARCOS 1560 SAWGRAS	Change (X) Addition SS CORPORATE PKWY 4TH FL .E, FL 33323 US
Title: Name: Address: City-St-Zip:	() Delete		me: dress:	D () STUBBLEFIELD 841 PRUDENTIA JACKSONVILLE	L DR., 12TH FL.
Title: Name: Address: City-St-Zip:	() Delete		me: dress:	P () CFE, 841 PRUDENTIA JACKSONVILLE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CFE P 02/12/2009