PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

97-99 AR

APPLICATION FOR REINSTATEMENT

FILED
DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 11 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010082

1. Corporation Name MAEva Inc.

Principal Place of Business	Mailing Address
6950 El Dorado dr. Sarasota Fl. 34240	

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0382477 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Joseph Sallitto	6950 El Dorado dr.	Sarasota Fl. 34240
Secy Treas	Cathleen Sallitto	Same	Same

200002811032--6
-03/18/99--01088--029
****150.00 ****150.00

200002811032--6
-03/18/99--01088--030
****315.00 ****315.00

8. Name and Address of Current Registered Agent

SANDY ALAN LEVITT
2201 Ringling Blvd. #203
Sarasota, FL 34237

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

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.

Signature of Registered Agent Sandy Alan Levitt REGISTERED AGENT MUST SIGN Date 2/22/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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: Joseph Sallitto - Joseph Sallitto 2-22-99 941-378 5150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

To Reinstatement dept,

Please except these Checks for Reinstatement of our corporation. We never Received our 97' renewal due to a move of our Residence. Our continued unawareness of our corporate status was due a year filled with many troubles.

We are now getting ourselves back in order again, and promise never to let our corporation lapse again.

Thank you for your assistance in this matter. Should you need to speak with us please feel free to call us at anytime.
941-378-5050

Sincerely,
Joseph Saldida