
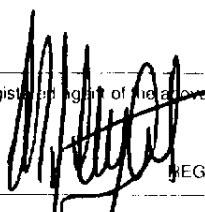


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 93 FEB 24 AM 10:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA 900002441449--3 -02/26/98--01048--007 ***1058.75 ***1058.75	
DOCUMENT # <u>PA5000041152</u>				DO NOT WRITE IN THIS SPACE	
1. Corporation Name MAINSTREET MANAGEMENT ASSOCIATES INC					
Principal Place of Business Mailing Address 5362 CENTRAL FLORIDA PARKWAY ORLANDO FLORIDA 32821 SAME					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 05/25/95 5. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)					
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip		
PSTD	WRIGHT, MALCOLM S	5362 CENTRAL FLORIDA PARKWAY	ORLANDO FL 32821		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
		Name M.S. WRIGHT			
		Street Address (P.O. Box Number is Not Acceptable) 2701 SPINEY LAKE			
		Suite, Apt. #, Etc.			
		City ORLANDO State FL Zip Code 32837			
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 		Date 2/20/98 REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:		MALCOLM JOHN WRIGHT 2/20/98 407-856-6415			

CR20040 (12/95)