

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

98 FEB -2 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000045124

1. Corporation Name
FLORIDA MAYA CORPORATION

Principal Place of Business Mailing Address
670: 501 E. Kennedy Blvd. c/o: 501 E. Kennedy Blvd.
P.O. Box 1438 P.O. Box 1438
Tampa, FL 33601 Tampa, FL 33601

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

100002424261--1
-02/06/98--01128--007
****900.00 ****900.00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

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
DP	Aouchiche, Braham	29 Penzance Court	Safety Harbor, FL 34695
VP	Aouchiche, Nadia	29 Penzance Court	Safety Harbor, FL 34695
ST	Maria Glasevitch	29 Penzance Court	Safety Harbor, FL 34695

REINSTATEMENT 97-98

G. Alan
2/2/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Flynn, William J., III Fowler, White, Gillen, Boggs Et Al 501 E. Kennedy Boulevard, Suite 1900 Tampa, FL 33602		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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 *Wm J. Flynn* Date **1/16/98**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ 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: *Maria Glasevitch* **1/30/98 (813)** **733-9422**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (12/96)