

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

1996 DEC 23 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000073422

1. Corporation Name

MAID FOR YOU OF PALM BEACH, INC.

Principal Place of Business

Mailing Address

2341 CLUBHOUSE DRIVE
WEST PALM BEACH FL 33407

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WEST PALM BEACH FL 33407



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/22/1995	
City & State		City & State		5. FEI Number	
Zip		Zip		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input 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	MAJANO, MARIA	2341 CLUBHOUSE DRIVE	WEST PALM BEACH FL 33407
			600002039336--3 -12/27/96--01059--014 ***375.00 ***375.00

REINSTATEMENT *ced*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MAJANO, MARIA 2341 CLUBHOUSE DR / E WEST PALM BEACH FL 33407		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: *Maria Majano* REGISTERED AGENT MUST SIGN Date: *12-11-96*

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)(l), 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 Majano* REGISTERED AGENT MUST SIGN Date: *12-11-96* Daytime Phone #