

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT -1 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10004625681-3
10/08/01-01007-010
****900.00 ****900.00

DOCUMENT # p95000094711

1. Corporation Name
MAYAS HOUSE IMPROVEMENT SERVICES, INC.

2. Principal Office Address
7812 N. CLARK AVE.

3. Mailing Office Address
7812 N. CLARK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip Country
33614 U.S.A.

Zip Country
33614 U.S.A.

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3351868

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JAIME A. CAMPUZANO
Street Address (P.O. Box Number is Not Acceptable)
7812 N. CLARK AVE.
Suite, Apt. #, Etc.
City
TAMPA
State
FL
Zip Code
33614

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 9/5/01
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JAIME A. CAMPUZANO	7812 N. CLARK AVE.	TAMPA, FL. 33614

10. 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/5/01

Date

813-5036386

Daytime Phone #

CR2E001 (9/00)