## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

	RPORAT ISTATEM					Smith y of Sta	te	TATE			II PM TARY OF IASSEE, F		
DOCUMENT # P96000047050 1. Corporation Name										·			
Maintenace Materials Resource Incorporated									0000077333300 -09/13/0201044027 ***1500.00 ***1500.00				
<u> </u>													_
1 '	al Office Addre			3. Mailing Office Address				REMSTATEMENT 97-02					
/12745 49th St. North								A BESTAR GIO O O O D CO.					
Suite, Apt. #, etc.				Suite, Apt. #, etc.						·	** ** ** ** ** **		
									4. Date Incorporated or Qualified 05/28/1996 To Do Business in Florida				
City & State	e	City & State	City & State				5. FEI Number Applied For						
Clearwater, Fl.								59–3387926   Not Applicable					
Zip		Country		Zip		Country			6,	30/920	DAME OF		
33762	2	Pine	llas							E OF STATUS DESIRED	o Lueœe 13 ½ o±®, Ý	%7±° ¿'Ú»» € »&°%;70 ±° Í ·	ა «∙®ა <i>ს</i> უ.~-
	<del>)                                    </del>			7.	Name and A	ddraee of	Current	Penistere	d Agent				
	Name Lawrence J. Phalin Street Address (P.O. Box Number is Not Acceptable) 225 East Robinson Street, Suite 600 Suite, Apt. #, Etc.												
	City	Orla	ndo				<u> </u>			State Zip Coo	te 801		
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  REGISTERED AGENT MUST SIGN													CR2E081 (9/01)
9. Names	and Street Ac	ldresses d	of Each Officer and	l/or Director (Fle	orida nonprot	fit corporati	ons mus	t list at lea	st 3 directors)				7
Titles	Nome of				Street Address of E. Officer and/or Direc			s of Each	· · · · · · · · · · · · · · · · · · ·	City / State / Zip			
P/D	Patricia A. Burkha			rt	49th	St.	St. North		Clearwater, F1. 3376		33762	_	
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this rein owed b	nstatement app by the corporati	olication, t ion have b	he reason for diss	olution has beer names of individ	n eliminated, luals listed or	the corpora this form	ate name do not qu	satisfies t uatify for ar	he requirements n exemption und	pter 607 or 617, F.S. of section 607.0401 er section 119.07(3)(	or 617.0401, F. i), F.S. The infor	S., that all fee mation indical スター	s
SIGNAT	SIGNATURE: Patricia Burkhart Patricia Burkhart 9.4.02 7/19 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #												

91 5/11/or