

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # - P98000004753

1. Corporation Name

MAINTENANCE AND CONSULTATION SERVICES CORPORATION

Principal Place of Business

Mailing Address

5447 EMERALD DRIVE
RIDGE MANOR FL 33523-8918

5447 EMERALD DRIVE
RIDGE MANOR FL 33523-8918



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

POB 944

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TRILBY, FL

Zip

Country

Zip

Country

33593-0944

REINSTATEMENT

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4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1998

5. FEI Number

59-3491879

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED I

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	TYSON, ROBIN D	5447 EMERALD DR	RIDGE MANOR FL 33523

800003440668--E
10/26/00 01063 016
****750.00 ****750.00

10/14/2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TYSON, ROBIN D
5447 EMERALD DRIVE
RIDGE MANOR FL 33523-8918

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

Robin D. Tyson, President
REGISTERED AGENT MUST SIGN

Date 10/14/2000

11. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Robin D. Tyson, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBIN D. TYSON, PRESIDENT

10/14/2000

Date

352-583-2764

Daytime Phone #