PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION E **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P98000040255 **DOCUMENT#**

1. Corporation Name

MAITLAND INVESTMENT SERVICES, INC.

Principal Place of Business

Mailing Address

258 EAST ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701 258 EAST ALTAMONTE DRIVE **ALTAMONTE SPRINGS FL 32701**

02 APR 19 PM 1:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1841 1841 1841 1841 1841 1844 1844 1844 1844 1844 1844 1844 1844 1844 1844 184	
REINSTATEMENT 00-02	7

				e	ad aptor correction below	LATARA	D R LA R CHRARMA	CONTRACTOR OF THE PARTY.
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili				ct information and enter correction below. Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 05/04/1998		
Suite, Apt. #, etc. Suite, Apt. #			etc		5. FEI Number	5. FEI Number Applied F Not Applied F		
		City & State	City & State					
City & State		Zip	Country		6. \$8.75 Additional Fee required for a Certificate of Status			
Zip		,	<u></u>					
7. Names a	and Street Ad	dresses of Each Officer ar	nd/or Director (Flo	rida nonpro	fit corporations must list at Street Address of Ea	least 3 directors)	<u> </u>	
Name of Officers and/or Directors			Officer and/or Director		ICH	City / State / Zip		
1 P	BREWER, WESLEY E			258 E-ALTAMONTE DR		ALTAMONTE SPRINGS FL 32701		
-9- P BREWER, DONNA			258 E ALTAMONTE DR			ALTAMONTE SPRINGS FL 32701		
VP	David	W. Phillips		258 1	E. Altamonte D	rive	Altamonte Sprin	gs, FL 32701
S/T Dara L. Polino		258 E. Altamonte Drive		Altamonte Sprin				
					3	300005393643 -04/30/0201065010 ***1050.00 ***1050.0		
	8 Na	me and Address of Curr	ent Registered A	gent			Address of New Registered A	gent
	0. 114		- \	- E	Name	and a service of the	and the second s	<u></u>
BREWER, DONNA				Street Addres	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
258 EAST ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701			Suite, Apt. #,					
				City Sta			Zip Code	
Signature Registere	of d Agent	Longan	REGISTERED	AGENT MUS		<u>) </u>	Date 3/12/02	·
11. I certi	fy that I am a	n officer or director or the	receiver or trustee	empowered	I to execute this application	as provided for in s sfies the requireme	chapter 607 or 617, F.S. I further ints of section 607,0401 or 617.0	certify that when filing 401, 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 indicates 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)(ii), F.S. The information indicates 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)(ii), F.S. The information indicates 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)(ii), F.S. The information indicates 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)(ii), F.S. The information indicates 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)(iii), F.S. The information indicates 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)(iii), F.S. The information indicates 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)(iii), F.S. The information indicates the corporation of the corporatio on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

407-767-1660

Daytime Phone #

Florida Department of State, Division of Corporations

Tournesumbiz.org Public Inquiry

Florida Profit

MAITLAND INVESTMENT SERVICES, INC.

PRINCIPAL ADDRESS 258 EAST ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701

MAILING ADDRESS 258 EAST ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701

Document Number P98000040255 FEI Number 593099631

Date Filed 05/04/1998

State FL Status INACTIVE Effective Date NONE

Last Event ADMIN DISSOLUTION FOR ANNUAL REPORT

Event Date Filed 09/22/2000

Event Effective Date NONE

Registered Agent

Name & Address

BREWER, DONNA 258 EAST ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701

Officer/Director Detail

Name & Address	Title
BREWER, WESLEY E 258 E ALTAMONTE DR ALTAMONTE SPRINGS FL 32701	Р
BREWER, DONNA 258 E ALTAMONTE DR ALTAMONTE SPRINGS FL 32701	S

Annual Reports

Report Year	Filed Date	Intangible Tax
1999	04/09/1999	

Previous Filing

Return to List

Next Filing

<u>View Events</u> No Name History Information

View Document Image(s)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

Corporations Inquiry

Corporations Help