

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -3 AM 8:00

DOCUMENT # P98000069931

1. Corporation Name
MAUREEN, INC

5350 Gulf of Mexico Drive
5350 Gulf of Mexico Drive

2. Principal Office Address
5350 Gulf of Mexico Drive

Suite, Apt. #, etc.
102

City & State
Longboat Key, FL

Zip
34228

3. Mailing Office Address
5350 Gulf of Mexico Drive

Suite, Apt. #, etc.
102

City & State
Longboat Key, FL

Zip
34228

REINSTATEMENT 03-04

MRD

4. Date Incorporated or Qualified
To Do Business in Florida 08/11/1998

5. FEI Number
65-0861009 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
Stephen H. Kurvin, Esq.

Street Address (P.O. Box Number is Not Acceptable)
7 South Lime Avenue

Suite, Apt. #, Etc.

City
Sarasota

State
FL Zip Code
34237

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date October 22, 2004

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
D	Stephen Horn	5296 CREEKSIDE TR.	SARASOTA FL 34243
D	Maureen Horn	5296 CREEKSIDE TR.	SARASOTA FL 34243

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-04 941-383-7774
Date Daytime Phone #

CR2E081 (01/04)