PLEASE READ ALL INSTRUCTI( )NS BEFORE COMPLETING THIS FORM.

FILED

01 APR 24 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
[redacted]

FLORIDA DEPART MENT OF STATE
Katherin Harris
Secretary of State
DIVISION OF CO RPORATIONS

DOCUMENT # P99000018825

1. Corporation Name

MAP Enterprises, Inc.

500004275125--0
-05/21/01--01197--017
****308.75 ****308.75

2000-2001 UBR

2. Principal Office Address	3. Mailing Office Address
1420 E. Altamonte Dr.	1149 Waldorf CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Altamonte Springs, FL	City & State: Winter Springs, FL
Zip: 32701 Country: U.S.	Zip: 32708 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: February 24, 1999

5. FEI Number: 59-3566858 | Applied For | Not Applicable

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

7. Name and Ad lress of Current Registered Agent

Name: Mike Hamilla

Street Address (P.O. Box Number is Not Acceptable): 6955 Hanging Moss Rd

Suite, Apt. #, Etc.: Suite 106

City: Orlando State: FL Zip Code: 32807

8. I, being appointed the registered agent of the above named corpora... obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Mi... Date 4/23/01

NO Temp
201.25 – AR
88.75 – ARSUPP
10.00 – ARARTS
8.75 – Cert
308.75

9. Names and Street Addresses of E... st 3 directors)

Titles	Nam... Officers and...	City / State / Zip
Secretary	Robin Park...	Winter Springs, FL 32708
President	Robin Park...	Winter Springs, FL 32708
Director	Robin Parke...	Winter Springs, FL 32708

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: _______ 04/23/01 407-260-5389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E081 (9/00)