PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P99000020402

FILED

03 OCT 27 PM 3:49

1. Corpora	ation Name				<u> </u>	SECHETARY OF ST ALLAHASSEE FLO	ATE	
MAIDE	ROOK INC.				1)	ALLAHASSEE FEO	HIDA	
Principal Place of Business Mailing Addr			ess		-			
15000 S SPUR DRIVE MIAMI FL 33161		15000 S SPUR DRIVE Miami FL 33161			* 10031007 11			
If above a	addresses are incorrect in any way, line t	hrough incorrect is	nformation and enter	r correction below.	REINS	SAVACINE.	WT_07	
2. New Pr	incipal Office Address, If Applicable	3. New Mail	New Mailing Office Address, If Applicable			orated or Qualified		
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		5. FEI Number		03/04/1999	
City & State		City & State				65-0902339	Applied Fo	
Zip	Country	Zip	Count	ry	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee rec	
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	orida nonprofit corpor	rations must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
D	POTEL, STEPHEN		15000 S SPUR DRIVE		MIAMI FL 33161			
D	KING, RODNEY C	15000 SOUTH SPUR DRIVE			MIAMI FL 33161			
D	POTEL, MICHELE J	15000 S SPUR DRIVE			MIAMI FL 33161	-		
****		100024172431 10/27/0301101008_**150,00						
		- "						
		<u></u> .						
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
KINO	DODNEY		Name			(7/03)		
KING, RODNEY 15000 S SPUR DRIVE			Street Address (P.O.		P.O. Box Number	is Not Acceptable)		22F040 (7/03)
MIAMI FL 33161				Suite, Apt. #, Etc.				
				City		s	ate Zip Code	
10. I, being	appointed the registered agent of the a	bove named corpo	oration, am familiar v	vith and accept the o	bligations of Secti			
	<i></i>	(1) (M.).						
Signature o Registered		26C	ENT MILET SIGNI			Date	122/03	

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 filling 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:

MAIDBROOK INC., 15000 S. SPUR DR., MIAMI, FL 33161

PHONE: 305-354-3434 FAX: 305-949-6614

10/23/03

Florida Dept. of State Division of Corporations PO Box 6327 Tallahassee, FL 32314-6327

Dear Sirs.

This is to certify that Maidbrook Inc did not receive the two prior uniform business report notices regarding the corporate status.

Yours truly,

Rodney King (Director)

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