

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 3:49

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **P99000020402**

1. Corporation Name  
**MAIDBROOK INC.**

Principal Place of Business  
**15000 S SPUR DRIVE  
 MIAMI FL 33161**

Mailing Address  
**15000 S SPUR DRIVE  
 MIAMI FL 33161**



REINSTATEMENT 03

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/04/1999	
City & State		City & State		5. FEI Number	
Zip		Country		65-0902339	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 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  
 10/27/03--01101--008 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**KING, RODNEY  
 15000 S SPUR DRIVE  
 MIAMI FL 33161**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/22/03

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 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)(l), 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:

**RODNEY KING**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03 305-3543434

Date

Daytime Phone #

CR2E040 (7/03)

**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)