

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPLICATION  
 FOR  
 REINSTATEMENT

DOCUMENT # **P99000044684**

1. Corporation Name

**MODERN MAIDS OF NORTH PORT & VENICE, INC.**

Principal Place of Business

Mailing Address

6165 DEMING AVE.  
 NORTH PORT FL 34287

6165 DEMING AVE.  
 NORTH PORT FL 34287

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

*P.O. Box 7574*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*North Port, FL*

Zip

Country

Zip

Country

*34287*

*USA*

**REINSTATEMENT**

*00*

FILED  
 00 DEC 26 AM 9:12

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida

05/12/1999

5. FEI Number

*65-0922033*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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	HAYES, JANE MARIE	6165 DEMING AVE.	NORTH PORT FL 34287

*300003523713--7*  
*-01/04/01--D1094--008*  
*\*\*\*\*758.75 \*\*\*\*758.75*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

T & H COMPTROLLERS, INC.  
 312 EAST VENICE AVE., STE.120  
 VENICE FL 34292

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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.

Signature of Registered Agent

*Ronald L. ...*  
 REGISTERED AGENT MUST SIGN

Date

*12/15/00*

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)(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:

*Jane Marie Hayes*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*12/15/00*

Daytime Phone #

*941-426-4103*

**KE**

CR2E040 (6/00)