

**APPLICATION FOR REINSTATEMENT**



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

APPROVED AND FILED

00 DEC 11 PM 3:59

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000054924**

1. Corporation Name  
**COUNTYWIDE MAINTENANCE & MANAGEMENT, INC.**

Principal Place of Business	Mailing Address
8364 LITTLE BETH DRIVE. E BOYNTON BEACH FL 33437	8364 LITTLE BETH DRIVE. E BOYNTON BEACH FL 33437



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.		06/16/1999	
City & State		City & State		5. FEI Number	
Zip		Country		450928823	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
PD	BUTLER, THOMAS S	8364 LITTLE BETH DRIVE, E	BOYNTON BEACH FL 33437
			800003524008--6 -01/04/01--01104--002 ****758.75 ****758.75
			<b>REINSTATEMENT</b> <i>TSB</i>
			<i>MM</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
BUTLER, THOMAS S 8364 LITTLE BETH DRIVE, E BOYNTON BEACH FL 33437		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State <b>FL</b>	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: *Thomas S Butler* **REQUIRED** Date: *12-1-00*

REGISTERED AGENT MUST SIGN

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: *Thomas S Butler* **THOMAS G. BUTLER** Date: *12-1-00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: *561-737-1538*

CR2E040 (8/00)