PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 JUL 19 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000059047

1. Corporation Name

MAIDS 2000, INC.

2. Principal Office Address		**3.** Mailing Office Address	
5501 Rattlesnake Hammock Rd.		12670 New Brittany Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Unit 204		Suite 101	
City & State		City & State	
Naples, FL		Fort Myers, FL	
Zip	Country	Zip	Country
34113	USA	33907	USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/30/99

5. FEI Number: 65-1063244 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

300004511173--6
-08/01/01--01035-027
****70.00 ****70.00

Name: Robert D. Royston, Jr.

Street Address (P.O. Box Number is Not Acceptable): 12670 New Brittany Blvd.

Suite, Apt. #, Etc.: Suite 101

City	State	Zip Code
Fort Myers, FL	FL	33907

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN

Date: 7/17/2001

CR2E081 (9/00)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,D	Joan F. Wood	5501 Rattlesnake Hammock Rd.	Naples, FL, 34113
S, D	William Dooley, Jr.	P.O. Box 12073	Naples, FL, 34101
T	Joan F. Wood	5501 Rattlesnake Hammock Rd.	Naples, FL, 34113

REINSTATEMENT 00-01

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: J. Wood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/17/01

Daytime Phone #: (941) 592-9031