Thursday, December 07, 2000 12:44 To: Reinstatements From: Mark Hankins, (603) 761-7427

PLEASE READ ALL INSH00000063920 FORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC -7 PM 3:33

DOCUMENT # V12012

1. Corporation Name

MAPED ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1420 NO ATLANTIC AVE SUITE 1704 DAYTONA BEACH FL 32118 US	1420 NO ATLANTIC AVE SUITE 1704 DAYTONA BEACH FL 32118 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

OD

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/03/1992

5. FEI Number: 59-3172054 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $37.5 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SP	BRICK, DANIEL R	1420 NO ATLANTIC AVE	DAYTONA BCH FL

8. Name and Address of Current Registered Agent

BRICK, JOSEPH K.
1420 N ATLANTIC AVE
#1704
DAYTONA BEACH FL 32118

9. Name and Address of New Registered Agent

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: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: 12/04/00

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.

AD

SIGNATURE: SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 12/04/00 Date 904-238-1686 Daytime Phone #

H00000063920

Florida Incorporators, Inc. 1221 Brickell Ave Ste 900, Miami, FL 33131 (305) 379-7907

000004 AP

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FLORIDA INCORPORATORS, INC.
Account Number : 075350000473
Phone : (305)661-8503
Fax Number : (603)761-7427

CORPORATION REINSTATEMENT

MAPED ENTERPRISES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$758.75