

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 26 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 44091**

1. Corporation Name
**MAYFAIR OAKS HOMEOWNER'S ASSOCIATION,
INC.**

2. Principal Office Address 2061 WEMBLEY PL Suite, Apt. #, etc.		3. Mailing Office Address 2061 WEMBLEY PL Suite, Apt. #, etc.	
City & State OVIEDO, FL		City & State OVIEDO, FL	
Zip 32765	Country USA	Zip 32765	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6-27-91	Applied For Not Applicable
5. FEI Number 59-3071123	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name REIFF, ANDREW		
Street Address (P.O. Box Number is Not Acceptable) 135 W. CENTRAL BLVD STE 225		
Suite, Apt. #, Etc.		
City ORLANDO	State FL	Zip Code 32801

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 _____ Date **3/13/03**

REGISTERED AGENT MUST SIGN

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
DP	BAGWELL, WILLIAM	2061 WEMBLEY PL.	OVIEDO, FL 32765
DT	BRIDLEY, RAY	408 HARLEY CT.	OVIEDO, FL 32765
DS	KATHRYN SAUGSTAD	403 SEYMOUR CT.	OVIEDO, FL 32765

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)(c), 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: **William Bagwell** Date **2-27-03** Daytime Phone # **407 658 6084**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM BAGWELL

3/31

CR2E081 (10/02)

Andrew L. Reiff, P.A.

ATTORNEY AND COUNSELOR AT LAW

OFFICE LOCATION:
SOUTHTRUST BANK BLDG. SUITE 730
135 W. CENTRAL BLVD.
ORLANDO, FLORIDA 32801
INTERNET: AREIFF3566@AOL.COM

MAILING ADDRESS:
P.O. Box 1059
ORLANDO, FLORIDA 32802-1059
TELEPHONE: (407) 423-8183
FACSIMILE: (407) 425-1508

March 14, 2003

Department Of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Mayfair Oaks HOA
(Corporation reinstatement)

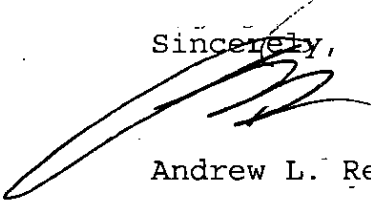
Dear Sir or Madam:

I am enclosing herewith my client's Corporation Reinstatement for Mayfair Oaks Homeowner's Association, Inc. I have been advised by the Corporation's President, that no member of the last two Board of Directors recalls receiving any Notice of Annual Report or any other correspondences regarding the filing a an Annual Report.

I am also enclosing my client's check for \$183.75.

If you have any questions, please do not hesitate to call me.

Sincerely,



Andrew L. Reiff

ALR/mc
Enclosures

cc: Bill Bagwell