

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 JAN 28 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003423

1. Corporation Name

MAE/THOMASVILLE, INC.

Principal Place of Business

4017 W. TENNESSEE STREET
TALLAHASSEE FL 32314

closed

Mailing Address

P.O. BOX 244
THOMASVILLE GA 31702

closed

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

2. New Principal Office Address, If Applicable

2876 Mabry Rd.
Suite, Apt. #, etc.

City & State
Atlanta, GA

Zip
30319

Country
USA

3. New Mailing Office Address, If Applicable

2876 Mabry Rd.
Suite, Apt. #, etc.

City & State
Atlanta, GA

Zip
30319

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/1993

5. FEI Number

58-2031409

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	AIKEN, KING V	1813 WIMBLEDON DRIVE	THOMASVILLE GA 31702
	<i>Resigned 4/57</i>		
VP	AIKEN, JENNIFER M	1813 WIMBLEDON DRIVE	THOMASVILLE GA 31702
	<i>"</i>	<i>4/57</i>	
D	MIXON, FEW	250 E. PAGES FERRY ROAD	ATLANTA GA 30305
		<i>2876 MABRY RD.</i>	<i>30319</i>
D	MIXON, BILLY	250 E. PAGES FERRY ROAD	ATLANTA GA 30305
	<i>Active President</i>	<i>2876 MABRY RD.</i>	<i>30319</i>
D	Aiken, Jennifer M.	2876 Mabry Rd.	Atlanta GA 30319

REINSTATEMENT

8. Name and Address of Current Registered Agent

AIKEN, KING V
1817 W. TENNESSEE STREET
TALLAHASSEE FL 32314

9. Name and Address of New Registered Agent

Name
Albert T. Gimbel
Street Address (P.O. Box Number is Not Acceptable)
215 So. Monroe St.
Suite, Apt. #, Etc.
Suite 702
City
Tallahassee

State
FL

Zip Code
32301

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

AT Gimbel

REGISTERED AGENT MUST SIGN

200002421832-1
Date 02/04/98-01115-007

*****8.75 *****8.75

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. 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:

AT Gimbel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/98 404 467-5067