

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 18 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J59234

1. Corporation Name

Mayfair Interiors, Inc.

2. Principal Office Address

3208 Bay to Bay Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

3208 Bay to Bay Blvd.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33629

Country

USA

Zip

33629

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/01/87

5. FEI Number

59-2808735

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

Name

Hazel Hanlon

Street Address (P.O. Box Number is Not Acceptable)

5201 S. Crescent Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33611

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

Signature of
Registered Agent

Hazel Hanlon

REGISTERED AGENT MUST SIGN

**SIGN
HERE**

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	David G. Hanlon, Jr.	3314 W. Lykes Ave.	Tampa, FL 33609
V	Hazel Hanlon	5201 S. Crescent Dr.	Tampa, FL 33611
S	David G. Hanlon	5201 S. Crescent Dr.	Tampa, FL 33611

10. I certify that I am an officer or director of 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)(b), 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:

Hazel Hanlon, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SIGN
HERE**

CR2E081 (10/02)

21 4/18