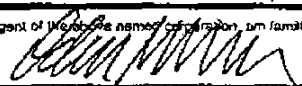


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 OCT 12 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR2E081 (1/07)	
DOCUMENT # N05000009681 1. Corporation Name Mayfair Condominium Association, Inc.			
2. Principal Office Address - No P.O. Box # 3000 Florida Avenue Suite, Apt. #, etc.		3. Mailing Office Address 3000 Florida Avenue Suite, Apt. #, etc.	
City & State Miami, FL Zip 33133 Country		City & State Miami, FL Zip 33133 Country	
4. Date Incorporated or Qualified To Do Business in Florida 09/19/2005		5. FEI Number 36-4617390	
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
7. Name and Address of Current Registered Agent Name Adam Schlesinger Street Address (P.O. Box Number is not Acceptable) 1801 S. Australian Avenue Suite, Apt. #, Etc. City West Palm Beach State FL Zip Code 33409			
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 10/10/07 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,D	Adam Schlesinger	1801 S. Australian Avenue	West Palm Beach, FL 33409
T,D	Richard Schlesinger	1801 S. Australian Avenue	West Palm Beach, FL 33409
S,D	Michelle McLeod	1801 S. Australian Avenue	West Palm Beach, FL 33409
REINSTATEMENT 10-07 RH			
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 contained in Chapter 119, 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:  Adam Schlesinger SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date October 10, 2007 (561) 835-4003 Daytime Phone #	

H07000254075 3

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000254075 3)))



H070002540753ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

0004 2957

CORPORATION REINSTATEMENT

MAYFAIR CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$236.25

Electronic Filing Menu

Corporate Filing Menu

Help