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 #	3. Mailing Office Address
3000 Florida Avenue	3000 Florida Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33133 Country:	Zip: 33133 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 09/19/2005

5. FEI Number: 36-4617390 ☐ 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: 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

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] 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)

Titles	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: [signature] Adam Schlesinger October 10, 2007 (561) 835-4003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
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Account Number : I20000000195
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CORPORATION REINSTATEMENT

MAYFAIR CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
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