2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 02, 2009
Secretary of State

DOCUMENT# N05000009681

Entity Name: MAYFAIR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3000 FLORIDA AVENUE
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3000 FLORIDA AVENUE
MIAMI, FL 33133

New Mailing Address:

P.O BOX 707
FREEPORT, NY 11520

FEI Number: 36-4617390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHLESINGER, ADAM
1801 S. AUSTRALIAN AVENUE
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ADAM SCHLESINGER

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHLESINGER, ADAM
Address: 1801 S. AUSTRALIAN AVENUE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: TD ( ) Delete
Name: SCHLESINGER, RICHARD
Address: 1801 S. AUSTRALIAN AVENUE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SD (X) Delete
Name: MCLEOD, MICHELLE
Address: 1801 S. AUSTRALIAN AVENUE
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADAM SCHLESINGER PD 10/02/2009

Electronic Signature of Signing Officer or Director — Date