

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 APR 10 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **NO8260**

1. Corporation Name  
**MAI-TAI MOBILE HOME ASSOCIATION, INC.**

2. Principal Office Address  
**7417 MOLOKAI ST.**  
Suite, Apt. #, etc.  
City & State  
**ORLANDO, FL.**  
Zip Country  
**32822 ORANGE**

3. Mailing Office Address  
**7417 MOLOKAI ST.**  
Suite, Apt. #, etc.  
City & State  
**ORLANDO, FL.**  
Zip Country  
**32822 ORANGE**

4. Date Incorporated or Qualified  
To Do Business in Florida **03/20/1985**

5. FEI Number  
**34-6129037** 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 **LEE JAY COLLING & ASSOCIATES, P.A.** **400003217684** **0**  
Street Address (P.O. Box Number is Not Acceptable) **500 N. MAITLAND AVE.** **04/20/00--01082--010**  
Suite, Apt. #, Etc. **SUITE 203** **\*\*\*\*297.50 \*\*\*\*297.50**

City **MAITLAND, Florida** State **FL** Zip Code **32751**

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 **Lee Jay Colling** Date **4-3-00**  
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
<del>PD</del>	<del>TERRY W JONES</del>	<del>7340 PAGO ST.</del>	<del>ORLANDO, FL. 32822</del>
VPO	VICKI FASICK	7343 MAITAI DR.	ORLANDO, FL. 32822
VPD	RON BECKER	7403 MOLOKAI ST.	ORLANDO, FL. 32822
TD	NICK D'AMBRUSCO	7341 MAITAI DR.	ORLANDO, FL. 32822
SD	CECILIA BERRY	7319 PAGO ST.	ORLANDO, FL. 32822
D	GARY GRIMALDI	7315 MAITAI DR.	ORLANDO, FL. 32822

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 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: **Larry W. Jones** **3/27/00** **(407)381-0062**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)