

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 21 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08260

1. Corporation Name

MAI TAI MOBILE HOME ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

7417 MOLOKAI STREET

Suite, Apt. #, etc.

3. Mailing Office Address

7417 MOLOKAI STREET

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO, FL

Zip

32822

Country

USA

Zip

32822

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/85

5. FEI Number

346129037

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

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

529 VERSAILLES DRIVE

Suite, Apt. #, Etc.

SUITE 103

City

MAITLAND

State

FL

Zip Code

32751

☒ 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 617.0503, F.S.

Signature of
Registered Agent

Lee Jay Colling
REGISTERED AGENT MUST SIGN

Date 11/25/09

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	MIKKI CRUZ	7418 MAI TAI CIR	ORLANDO, FL 32822
T	HECTOR CRUZ	7418 MAI TAI CIR	ORLANDO, FL 32822
S	JUNE KOVACS	7425 MAI TAI DRIVE	ORLANDO, FL 32822
DIR	STEVE COMBS	7311 KAHA STREET	ORLANDO, FL 32822
DIR	CARLOS TORRES	7314 HILO STREET	ORLANDO, FL 32822

10. E-mail Address: LEEJAYCOLLING@EMAIL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

Hector J. Cruz
HECTOR J. CRUZ, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/16/09 407-764-4739

Daytime Phone #