PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 JUL 12 PM 12:03

DOCUMENT # N11000009902

1. Corporation Name
Mayhaw Community Action Group Incorporated

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
16318 SE River St.	P.O. Box 66
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Blountstown, FL	City & State: Blountstown, FL
Zip: 32424 Country: Calhoun	Zip: 32424 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: October 19, 2011

5. FEI Number: ☐ 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: Cliss Jackson
Street Address (P.O. Box Number is Not Acceptable): 16318 SE River Street
Suite, Apt. #, Etc.:
City: Blountstown State: FL Zip Code: 32424

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07/12/13--01040--014 **297.50

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: [signature] REGISTERED AGENT MUST SIGN Date: 8 July 2013

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
Chairman	Matthew Mitchell	16970 N.W 22nd Street	Blountstown, FL 32424
Vice Chairman	Arzella Smith	16150 SE. Palm St	Blountstown, FL 32424
Secretary	Latoya-Lee Baldwin	20721 S.E Azalea Dr.	Blountstown, FL 32424
Treasurer	Guernica Mosley	15885 SE Pear St.	Blountstown, FL 32424
	REINSTATEMENT 2012-13		S. HAWKES JUL 15 2013

10. E-mail Address: Mayhaw899@gmail.com Mayhaw899@gmail.com EXAMINER
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 7/7/13
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #