

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 JAN 31 PM 4:13  
SAC, FLORIDA  
TALLAHASSEE

DOCUMENT **P600000013487**

**1. Corporation Name**

MAE SOUTH, INC.  
9619 Nevada Place  
Boca Raton FL 33434

**2. Principal Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/08/2000

**5. FEI Number**

20-4120471

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

Lonnie P. Sanders

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

9519 Nevada Place

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33434

**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

REGISTERED AGENT MUST SIGN

Date 1/18/06

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| PDST   | Lonnie P. Sanders                    | 9519 Nevada Place                                 | Boca Raton FL 33434 |
| V      | Mercedes Calderon                    | 9519 Nevada Place                                 | Boca Raton FL 33434 |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

**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:

President

1/18/06

561-789-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #