

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000097159

1. Corporation Name

MAJESTIC HOMES OF ORLANDO, INC.

Principal Place of Business

Mailing Address

19224 MAJESTIC ST
ORLANDO FL 32833

19224 MAJESTIC ST
ORLANDO FL 32833

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

Not Incorporated or Qualified
To Do Business in Florida

09/09/2002

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	FILEX, EDENS	19224 MAJESTIC ST	ORLANDO FL 32833

100024187951
10/28/03--01013--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FELIX, EDENS
19224 MAJESTIC ST
ORLANDO FL 32833

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/03

Date

Daytime Phone #

CR2E040 (7/03)

October 17, 2003

Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Re: Corporate Reinstatement Application
Majestic Homes, Inc. P02000097159

Dear Sir:

Please find enclosed my Application for Reinstatement and my check for \$150.00. This was the first year that I was responsible for paying an application fee but I did not receive any prior notification concerning the filing of the Uniform Business Report and the payment of a fee.

Please accept my Application for Reinstatement along with my payment of \$150.00 and my assurance that I will not be delinquent again.

~~The comments made in this letter are true and accurate and are made subject to the~~
penalty of perjury.

Sincerely,

Edens Felix
President

A handwritten signature in black ink, appearing to be 'Edens Felix', written over the printed name.