

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 17 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P02000107614*

1. Corporation Name

Mainland Properties, Inc.

2. Principal Office Address

4405 7th Lane SW

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32968

Country

IRC

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

10-04-02

5. FEI Number

56-2339380

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

John M. Hagin

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

4405 7th Lane SW

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32968

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 *10/13/03*

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
<i>Pres.</i>	<i>Jason S. Wilson</i>	<i>1040 45th Ct. SW</i>	<i>Vero Beach, FL 32968</i>
<i>V.P.</i>	<i>John M. Hagin</i>	<i>4405 7th Lane SW</i>	<i>Vero Beach, FL 32968</i>

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:

[Signature] *JOHN M. HAGIN VP*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

CR2001 (10/02)

21 10/21

Mainland Properties, Inc.

October 13, 2003

Florida Department of State
Divisions of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Enclosed you will please find check number 1027 in the amount of \$150.00 for the Reinstatement of Mainland Properties, Inc. Please waive the \$600.00 Reinstatement fee, due to the fact no application for renewal was received.

Due to the fact that Corporate Creations Network, Inc. failed to send the renewal application. They are not the Registered Agent of Mainland Properties. It should be John M. Hagin, 4405 7th Lane SW Vero Beach, FL 32968.

If you have any questions, please do not hesitate to call. You can reach me direct at 772.473.3266. Thank you for your attention to this matter.

Sincerely,

John M. Hagin
VP
Mainland Properties, Inc.