

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 JAN 18 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000136008

1. Corporation Name

MAYNARD & SONS, INC.

2. Principal Office Address

168 Escanaba Avenue

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip

32413

Country

USA

3. Mailing Office Address

168 Escanaba Avenue

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip

32413

Country

USA

REINSTATEMENT

05-06

E. Peterson

CR2E081 (12/05)

JAN 18 2006

4. Date Incorporated or Qualified  
To Do Business in Florida

11/19/03

5. FEI Number

593145476

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

Amy E. Ross

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

304 Magnolia Avenue

Suite, Apt. #, Etc.

City

Panama City

State  
FL

Zip Code  
32402

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

*Amy Ross*

REGISTERED AGENT MUST SIGN

Date

1/13/06

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	Archie Maynard	168 Escanaba Avenue	Panama City Beach, FL 32413
V	Craig A. Maynard	168 Escanaba Avenue	Panama City Beach, FL 32413
S	Dennis R. Maynard	168 Escanaba Avenue	Panama City Beach, FL 32413
T	Christopher A. Maynard	168 Escanaba Avenue	Panama City Beach, FL 32413
AT	William Lee Maynard	168 Escanaba Avenue	Panama City Beach, FL 32413

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:

*Archie Maynard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-13-06

Daytime Phone #