

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 15 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 004000061721

1. Corporation Name

Majestic Custom Interiors,
Inc.

700095148227
03/28/07--01021--010 ***450.00

2. Principal Office Address - No P.O. Box #

18550 NE 24th Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Chtra

Florida

City & State

Chtra, Florida

Zip

32113

Country --

United States

Zip

32113

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/7/04

5. FEI Number

03-0540866

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

Shawn Taylor

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

18550 NE 24th Ave

Suite, Apt. #, Etc.

City

Chtra

State

FL

Zip Code

32113

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

3/13/07

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
Pres.	Shawn Taylor	18550 NE 24th Ave	Chtra, FL 32113
Vice President	Yvette Taylor	18550 NE 24th Ave	Chtra, FL 32113

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:

[Signature] Shawn Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/2007 (352) 266-7222
Date Daytime Phone #

B. Mitchell MAR 15 2007