


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC -1 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO4 000097454**

1. Corporation Name
MAYAH COLLECTIONS, INC

CR2E081 (8/05) **05**

2. Principal Office Address 2702 MINGO DR		3. Mailing Office Address 2702 MINGO DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAND O LAKES		City & State LAND O LAKES	
Zip 34638	Country U.S.A	Zip 34638	Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
593235492

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
KIM PERKINS

Street Address (P.O. Box Number is Not Acceptable)
2702 MINGO DR

Suite, Apt. #, Etc.

City
LAND O LAKES

State
FL

Zip Code
34638

500061827245
12/01/05--01037--003 **150.00

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 **Kim Perkins** Date **10/20/05**

REGISTERED AGENT MUST SIGN

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
CEO	KIM PERKINS	2702 MINGO DR	LAND O LAKES, FL 34638

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: **Kim Perkins** Date **10/20/05** Daytime Phone # **(813) 787-1662**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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To Whom It May Concern:

The application for reinstatement was not received at the correct address at a designated time. Due to this error, we feel that the fee excesses should be taken into consideration to be waived. The correct address is: 2702 Mingo Drive. Land O Lakes, Florida 33638.

Sincerely,



Kim Perkins