

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000132087

1. Corporation Name

D. MAYFIELD ENTERPRISES INC

2. Principal Office Address

111 BAILEY DRIVE

Suite, Apt. #, etc.

STE 1

City & State

NICEVILLE, FL

Zip

32578

Country

USA

3. Mailing Office Address

10859 EMERALD COAST PKWY

Suite, Apt. #, etc.

4123

City & State

DESTIN, FL

Zip

32550

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/2004

5. FEI Number

20-1557813

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

DOWLIN D MAYFIELD

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

135 SWEETWATER LN

Suite, Apt. #, Etc.

City

FREEPORT

State
FL

Zip Code

32439

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

Dowlin Mayfield

REGISTERED AGENT MUST SIGN

Date

10/11/05

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
D	DOWLIN D. MAYFIELD	135 SWEETWATER LN	FREEPORT, FL 32439

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:

Dowlin Mayfield

DOWLIN D. MAYFIELD

10/11/05

Date

850-502-4324

Daytime Phone #



Mayfield Claim Services

October 7, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs,

This afternoon we received through the mail a card titled "Notice of Dissolution or Revocation".

Upon calling your office I was told that you had received our check (#6693) for \$150 on July 12 2005, along with a copy of our Annual Report.

Apparently there was an error on our Annual Report, as it was rejected on July 14 2005, and sent back to us for correction, along with a rejection notice, per your office.

We never received the returned report nor the rejection notice.

The card that we received today was our first notice that an error had occurred.

Per the instructions of your office today, I am enclosing a Corporation Reinstatement Form, along with this letter of explanation.

Thank you in advance for your immediate attention to this matter.

Sincerely,



Dowlin D Mayfield