

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR -1 AM 9:57

DOCUMENT # P05000005085

1. Corporation Name

Maybin And Associates, Inc

REINSTATEMENT 08-10

200171999262
03/12/10--01003--024 **\$900.00
CR2E081 (11/09)

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

1126 Hollow Pine Dr

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oviedo, FL

City & State

FL

Zip

32765

Country

32765

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/1/05

5. FEI Number

260101856

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

Neal C Maybin

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

1126 Hollow Pine Dr

Suite, Apt. #, Etc.

City

Oviedo,

State

FL

Zip Code

32765

☐ 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.

200171999262
04/02/10--01042--005 **\$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

Date 3/8/10

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
P/V/D	Neal C Maybin	1126 Hollow Pine Dr	Oviedo, FL 32765

10. E-mail Address: NealMaybin@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/10

Date

4073679073

Daytime Phone #