

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 16 PM 3:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P07000103426

1. Corporation Name

Maece Taylor, Inc.

900172332499
03/16/10--01035--004 **300.00

REINSTATEMENT 09-10

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

3536 County Club Road

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Zip

32773

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/2007

5. FEI Number
26-1077657

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

David S. Phillips

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

3536 Country Club Road

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32773

☒ 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

David S. Phillips
REGISTERED AGENT MUST SIGN

Date **03/15/2010**

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	David S. Phillips	3536 County Club Road	Sanford, FL 32773

10. E-mail Address: **steve@mayfairlinks.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:

David S. Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/2010 321-228-9990

Date

Daytime Phone #