

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV -4 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000087253**

1. Corporation Name

MAI CONSTRUCTION CORP.

Principal Place of Business

**565 E HILLSBORO BLVD
DEERFIELD BCH, FL 33441**

Mailing Address

**565 E HILLSBORO BLVD
DEERFIELD BCH, FL 33441**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/4/94

5. FEI Number

65-0676275

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	MAI, Edward V.	565 E. HILLSBORO BLVD DEER	DEERFIELD BCH, FL 33441
S/T	MAI, Betty M.	565 E. HILLSBORO BLVD	DEERFIELD BCH, FL 33441

REINSTATEMENT

98 TB. 11/6/98

8. Name and Address of Current Registered Agent

**MAI, EDWARD
565 E. HILLSBORO BLVD
DEERFIELD BCH, FL 33441**

9. Name and Address of New Registered Agent

Name **100002684711--0**

Street Address (P.O. Box Number is Not Acceptable) **11/10/98 01076-013**

Suite, Apt. #, Etc. *****750.00 ***750.00**

City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Edward Mai, Pres.

REGISTERED AGENT MUST SIGN

Date **11/2/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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)(f), 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:

Edward Mai, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Mai / PRESIDENT

11/2/98

Date

984.421-4200

Daytime Phone #

CR20040 (1/98)