

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P95000035588

1. Corporation Name

MAYFAIR MARINE, INC.

Principal Place of Business

Mailing Address

999 ELLER DRIVE

999 ELLER DRIVE

FT LAUDERDALE FL 33316

FT LAUDERDALE FL 33316

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

2. New Principal Office Address, If Applicable

912 SE 11 CT

3. New Mailing Office Address, If Applicable

P.O. Box 350563

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Lauderdale FL

City & State

Ft Lauderdale FL

Zip

33316

Country

USA

Zip

33335

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

05/01/1995

5. FEI Number

65-0565206

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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
PD	YOUNG, SHIELA	999 ELLER DRIVE	FT LAUDERDALE FL 33316
VO	MACKIE, STEVE	22 GARSWOOD CLOSE	MOBETON, WIRRAL MERCY SIDE L463

000002361460--5  
-12/02/97--01105--008  
\*\*\*\*165.00 \*\*\*\*165.00

8. Name and Address of Current Registered Agent

NICKICK, DAVE  
14 CHESTNUT CIRCLE  
COOPER CITY FL 33026

9. Name and Address of New Registered Agent

Name

Leslie Brown

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

912 SE 11 Court

Suite, Apt. #, Etc.

City

Ft Lauderdale

State

FL

Zip Code

33316

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 11/7/97

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)(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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/97

Date

Daytime Phone #

FILED

97 NOV 24 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 97

CR2040 (8/97)

Mayfair Marine, Inc.  
912 SE 11<sup>th</sup> Court  
Fort Lauderdale, Florida 33316

November 22, 1997

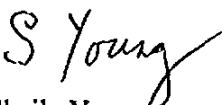
Annual Reports Filing  
Division of Corporations  
409 East Gains Street  
Tallahassee, Fl. 32399

Re: Mayfair Marine, Inc.  
Document # P95000035588

Dear Sir,

Enclosed please find a payment for my annual report. I never received a first notice Report for Profit Corporation Annual Report. I would have paid this fee timely had I received the first notice. Thank you in advance for your kind assistance.

Very Truly Yours,

  
Sheila Young  
President