

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED


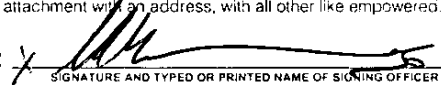
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CLERK OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 07

10092007 REIN-P CR2E098 (1/07)

DOCUMENT # P96000062891					
1. Entity Name MAYFAIR DRAPERY AND CUSTOM UPHOLSTERY, INC.					
Principal Place of Business 97 W GRANADA BLVD ORMOND BEACH, FL 32174			Mailing Address 97 W GRANADA BLVD ORMOND BEACH, FL 32174		
2. Principal Place of Business - No P.O. Box # 23 COOLIDGE AVE.		3. Mailing Address 23 COOLIDGE AVE			
Suite, Apt. #, etc. SUITE E		Suite, Apt. #, etc. SUITE E			
City & State ORMOND BEACH, FL		City & State ORMOND BEACH, FL			
Zip 32174	Country VOLUSIA	Zip 32174	Country VOLUSIA	4. FEI Number 59-3392148	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  EDWARDS, RUTH W 97 W GRANADA BLVD ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EDWARDS, RUTH W. 97 W GRANADA BLVD ORMOND BCH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100110861531 10/16/07--01052--018 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP EDWARDS, STUART W. 97 GRANADA BLVD ORMOND BCH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 10-10-07 x 386-676-2001		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

x 10/19