

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 JAN -7 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT #. P96000096860

1. Corporation Name

MAYER MANAGEMENT, INC.

Principal Place of Business

Mailing Address

350 17th Avenue NW
Hickory, NC 28601

350 17th Avenue NW
Hickory, NC 28601

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

2. New Principal Office Address, If Applicable
350 17th Avenue NW

3. New Mailing Office Address, If Applicable
350 17th Avenue NW

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State
Hickory, NC 28601

City & State
Hickory, NC

65-0710694

Zip
28601

Country
USA

Zip
28601

Country
USA

CERTIFICATE OF STATUS DESIRED ☒

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P D	Anton K. Mayer	350 17th Avenue NW	Hickory, NC 28601
S	Lindette L. Mayer	350 17th Avenue NW	Hickory, NC 28601

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Anton L. Mayer
3144 Casseekey Island Road
Jupiter, Florida 33477

Joseph C. Kempe
Street Address (P.O. Box Number is Not Acceptable)
941 N. Highway 1A
Suite, Apt. #, Etc.

City
Jupiter, Florida
State
FL
Zip Code
33477

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

Date 12/1/99

Joseph C. Kempe

REGISTERED AGENT MUST SIGN

11. This corporation owes 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Anton K. Mayer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Anton K. Mayer

Date

Daytime Phone #

12/14/99
828-3250021