

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 MAR 14 PM 2:52

TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000034182

**1. Corporation Name**

ROSE M. MAYS ENTERPRISES, INC.

**2. Principal Office Address**

15018 Lake Emerald Blvd.

Suite, Apt. #, etc.

**City & State**

Tampa, Fl

**Zip**

33618

**Country**

USA

**3. Mailing Office Address**

15018 Lake Emerald Blvd.

Suite, Apt. #, etc.

**City & State**

Tampa, Fl

**Zip**

33618

**Country**

USA

REINSTATEMENT 02-06

CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4-13-98

**5. FEI Number**

59-3508651

**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**

Rose M. Mays

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

15018 Lake Emerald Blvd.

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

**City**

Tampa

**State**  
FL

**Zip Code**

33618

**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**

*Rose M. Mays*

**Date** 3-09-06

REGISTERED AGENT MUST SIGN

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PD	Rose M. Mays	15018 Lake Emerald Blvd.	Tampa, Fl 33618
ST	Gary M. Mays	15018 Lake Emerald Blvd.	Tampa, Fl 33618

000069050200  
03/30/06--01038--011 \*\*750.00

**10. 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 contained in Chapter 119, 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:**

*Rose M. Mays* ROSE M. MAYS, Pres.

3-09-06

813-961-2826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Rose M. Mays Enterprises, Inc  
15018 Lake Emerald Blvd.  
Tampa, Fl 33618

March 6, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314-6327

RE: Document No. P98000034182

Dear Sir/Madam:

Enclosed is our Corporate Reinstatement form for the above referenced.

Since I did not receive the 2002 annual report I request that the additional fees be waived. Enclosed is a check in the amount of \$750.00 for reinstatement.

Sincerely,

*Rose M. Mays*

Rose M. Mays  
President