

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

03 FEB 26 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000061287

1. Corporation Name

Mayard Enterprises, Inc

2. Principal Office Address

7817 ALHAMBRA BLVD

Suite, Apt. #, etc.

City & State

MIRAMAR FL

Zip

33023

Country

3. Mailing Office Address

7817 ALHAMBRA BLVD

Suite, Apt. #, etc.

City & State

MIRAMAR FL

Zip

33023

Country

**REINSTATEMENT** 01-03

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

RAY THOMPSON

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

7817 ALHAMBRA BLVD

Suite, Apt. #, Etc.

City

MIRAMAR

State  
FL

Zip Code

33023

000013146160  
02/26/03--01069--010 \*\*1058.75

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

*Ray Thompson*

REGISTERED AGENT MUST SIGN

Date

2-20-03

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

Titles

Name of  
Officers and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

President Ray Thompson

7817 ALHAMBRA BLVD MIRAMAR FL 33023

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 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:

*Ray Thompson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-03

Date

Daytime Phone #

CR2E081 (9/00)