

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000032520

1. Corporation Name

MAVIS DEVELOPMENT CORPORATION

Principal Place of Business

2880 N.E. 9TH ST.
POMPANO BEACH FL 33062

Mailing Address

2880 N.E. 9TH ST.
POMPANO BEACH FL 33062

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/1999

5. FEI Number

65-0924242

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

City / State / Zip

D/P

MAVIS, RICHARD

2880 N.E. 9TH ST.

POMPANO BEACH FL 33062

D/S/T

MAVIS, ELLIS

37052 GREGORY

STERLING HEIGHTS MI 48312

400005555824--7
-05/17/02--01001--004
*****900.00 *****900.00

REINSTATEMENT 01-02

8. Name and Address of Current Registered Agent

SULLIVAN, WILLIAM F.
2401 E. ATLANTIC BLVD., STE. 410
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name

Richard Mavis

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

2880 NE 9 St

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33062

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

REGISTERED AGENT MUST SIGN

Date

FEB 14, 2002

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Mavis, President

Date

Daytime Phone #

CR2E040 (8/01)