

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JAN -3 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000032520

1. Corporation Name

Mavis Development Corporation  
2880 NE 9 St.  
Pompano Beach, FL 33062

2. Principal Office Address

2880 NE 9 St

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Pomp. Beach, FL

City & State

Zip

33062

Country

USA

Zip

Country

REINSTATEMENT 04

4. Date Incorporated or Qualified  
To Do Business in Florida

4/9/99

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Robert A. Huth, Jr., P.L.

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

2300 Glades Road

500043810135

01/03/05--01047--018 \*\*750.00

Suite, Apt. #, Etc.

Suite 260-W

City

Boca Raton

State

FL

Zip Code

33431

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

[Signature]

Date 12-30-04

REGISTERED AGENT MUST SIGN

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip           |
|--------|--------------------------------------|---|------------------------------|
| D/P    | <u>Richard Mavis</u>                 | <u>2880 NE 9 St.</u>                              | <u>Pomp. Beach, FL 33062</u> |
| D/S/T  | <u>Ellis Mavis</u>                   | <u>2880 NE 9 St.</u>                              | <u>Pomp. Beach, FL 33062</u> |
|        |                                      |   |                              |
|        |                                      |   |                              |
|        |                                      |   |                              |
|        |                                      |   |                              |

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:

RICHARD W. MAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV. 30. 04 586-557-3044

Date

Daytime Phone #

CR2E081 (01/04)