

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # P99000058339

1. Corporation Name

MAYDAY ASSOCIATES, INC.

Principal Place of Business

5209 OLD GALLOWES WAY
NAPLES FL 34105

Mailing Address

5209 OLD GALLOWES WAY
NAPLES FL 34105

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/1999

5. FEI Number

65-0931930

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
1	2	3	4
PD	HAGAN, KARLEEN M	5209 OLD GALLOWES WAY	NAPLES FL 34105
S	SVITAK, JODY A	1501 BEAVER CREEK DR	PLANO TX 75093
T	HAGAN, JAMIE L	6404 RED FOX CT 195 WOODPECKER RIDGE ROAD	EDINA MN 55436 TONKA BAY MN 55331
			200004926512--5 -02/14/02--01061--026 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

~~LOTES, KEVIN R~~
4001 TAMiami TRAIL NORTH, SUITE 300
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name
COLEMAN, KEVIN G.
Street Address (P.O. Box Number is Not Acceptable)
4001 TAMiami TRAIL NORTH
Suite, Apt. #, Etc.
SUITE 300
City
NAPLES
State
FL
Zip Code
34103

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/30/02

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:

KARLEEN M. HAGAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KARLEEN M. HAGAN

12/29/01

941-430-0150

CR2E040 (8/01)

December 29, 2001

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

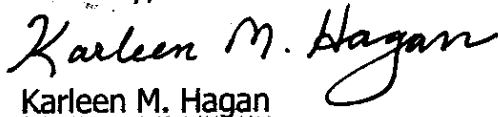
Dear Sir or Madam:

At the direction and advice of our attorney, Mr. Eric M Borgia of Goodlette, Coleman, and Johnson, 4001 Tamiami Trail, Suite 300, Naples FL 34103, I am writing this letter to accompany our application for reinstatement.

To the best of my knowledge, I have never received a notice of the requirement of filing the Uniform Business Report. In order to avoid this misunderstanding in the future, kindly advise us as to the frequency and approximate date of the required filing.

Thank you for your assistance in this matter.

Sincerely,


Karleen M. Hagan